ASSOCIATION OF MUNICIPAL ASSESSORS OF NEW JERSEY

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PLEASE CHECK ONLY ONE OF THE FOLLOWING AMOUNTS:

MUST PAY REGULAR MEMBERSHIP DUES IN ONE OF YOUR DISTRICTS

Location of Regular/Multi Membership Municipality _____

____REGULAR MEMBERSHIP **$125** (Assessor & Staff holding CTA for **Principal District** only)

____MULTIPLE DISTRICT **$75** (Assessor or Deputy: for EACH additional district)

OTHER CLASSIFICATIONS OF MEMBERSHIP:

____ASSOCIATE MEMBERSHIP **$ 75** (Assessing Staff without CTA, County Board Members/Staff)

____RETIRED ASSESSORS **$ 25** (Retired former New Jersey Assessors)

*(THE ABOVE AMOUNTS DO **NOT** INCLUDE COUNTY ASSOCIATION DUES)*

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County:			Name:		CTA?
District:			Title:		CTA Certificate #
*****	*****	*****	Date of Appointment Or Hire:		Tenure Date:

Mailing Address_____
(Street address) (City) (State) (Zip Code)

Municipal Office Phone: _____ Municipal Fax:_____

Preferred Mailing Address for above district: HOME _____ OFFICE _____

Address:_____
(Street address) (City) (State) (Zip Code)

E-Mail Address: _____

Home Phone: _____ DAY PHONE: _____

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I hereby certify that I have not been convicted of a felony or any other crime. If accepted for membership, I will abide by the AMANJ Constitution & Bylaws, pay the established dues and any Special Assessments as adopted by the Association and comply with the A.M.A.N.J. Code of Ethics & Standards of Professional Conduct.

APPLICANT'S SIGNATURE:_____DATE:_____

IF YOU ARE APPLYING FOR REGULAR OR MULTI DISTRICT MEMBERSHIP, PLEASE MAKE VOUCHERS OR CHECKS PAYABLE TO YOUR COUNTY ASSOCIATION ANDFORWARD APPLICATION WITH VOUCHER/CHECK TO COUNTY TREASURER!!!

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COUNTY TREASURER: Verify applicant's membership in County Assn & forward original application with PROPER DUES to your local County Treasurer for processing.

Affiliate, Retirees and Associate member applications, please submit payment to:

Dorothy S. Kreitz, AMANJ Treasurer/Membership Chair, PO Box 3254, Wayne, NJ 07474

Applicant is a Member in Good-Standing: [yes] [no] Co. Treas Signature:_____