



NEW YORK STATE  
**TOWN CLERKS ASSOCIATION**

Payment can be made out to 'NYSTCA' for \$75.00  
Return to: Allison Dispense CMC/RMC, Membership Chair  
Town of Pomfret  
9 Day Street  
Fredonia, N.Y. 14063

**NYSTCA MEMBERSHIP JULY 1, 2019-JUNE 30, 2020**

THIS FORM MUST BE RETURNED or COMPLETED ONLINE

TOWN \_\_\_\_\_

COUNTY \_\_\_\_\_

CURRENT TOWN CLERK \_\_\_\_\_

TOWN MAILING ADDRESS: (address to be printed in the NYSTCA Directory)

\_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_

POPULATION: \_\_\_\_\_

SENATORIAL DISTRICT# \_\_\_\_\_

SENATOR NAME \_\_\_\_\_

ASSEMBLY DISTRICT # \_\_\_\_\_

ASSEMBLYMAN NAME \_\_\_\_\_

	YES	NO
Do you collect or receive taxes?	<input type="checkbox"/>	<input type="checkbox"/>
Are you appointed?	<input type="checkbox"/>	<input type="checkbox"/>
Term Length	2yr. <input type="checkbox"/>	4yr. <input type="checkbox"/>
Is your office in your home?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a new town clerk as of 01/2019?	<input type="checkbox"/>	<input type="checkbox"/>
Would you be interested in serving as a District Director?	<input type="checkbox"/>	<input type="checkbox"/>

**MEMBERSHIP USE ONLY -Do not write below**

Date paid: \_\_\_\_\_

Check #: \_\_\_\_\_