



NEW YORK STATE
TOWN CLERKS ASSOCIATION

Please return payment made out to 'NYSTCA' for \$75.00 and form to:
Allison Dispense RMC/CMC, Membership Chair
Town of Pomfret
9 Day Street
Fredonia, N.Y. 14063

NYSTCA MEMBERSHIP JULY 1, 2018-JUNE 30, 2019

THIS FORM MUST BE RETURNED WITH YOUR MEMBERSHIP PAYMENT

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 01/2018?	<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

Date paid: _____
Amount: _____
Check #: _____