

NEW YORK STATE ASSOCIATION OF CITY AND VILLAGE CLERKS

**2008 - 2009 Dues Notice
and
Membership Application**
(October 1, 2008 - September 30, 2009)

YEARLY DUES: \$50.00
Donation to Municipal Clerk Education Fund: \$ _____
Total: \$ _____

I, Bonnie J. Page, do hereby certify that the items of the account are true and correct; that no Federal or State taxes for which the municipality is exempt are included; and that no part of the same has been previously paid.
I can be reached at 518/548-7354.

Bonnie J. Page

MAKE CHECKS PAYABLE TO: NYS Association of City and Village
Clerks

RETURN TO: NYSACVC
P. O. Box 64
Speculator, New York 12164

MEMBERSHIP INFORMATION

Please print clearly or type for accurate listing in the Directory

Name of Municipality: _____

Address of Municipality: _____

Your Name: _____

Your Title: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Please circle any certifications attained: CMC MMC RMC