**ASSOCIATION OF MUNICIPAL ASSESSORS OF NEW JERSEY**

**(FEDERAL ID # 22-2099745)**

AFFILIATE APPLICATION

**JANUARY 1 – DECEMBER 31, 2010**

APPLICANT: Please complete the required data below. Sign & forward the ORIGINAL application with a check for the appropriate amount of dues.
(See notes below for proper processing)

_____ Check here, if this is a NEW membership application.

| **********A M A N J USE ONLY********** | |
|---|---|
| **********(not to be used by Applicant)********** | |
| Membership #: | |
| Paid By: | |
| Check # | Dated: |
| Date Processed: | |
| Amount Rec'd: | |

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## AFFILIATE MEMBERSHIP DUES: $175.00

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| Name: | CTA Yes / No |
|---|---|
| Title: | CTA Certificate # |
| Firm Name: | |

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

Office Phone: _____ Office Fax:_____

Preferred Mailing Address: _____E-Mail Address_____

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

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:_____

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*MAKE CHECKS PAYABLE TO A.M.A.N.J.!!!*

Forward ORIGINAL application & the PROPER DUES AMOUNT, ASAP to:
Dorothy Kreitz, Treasurer
Tax Assessor's Office
475 Valley Rd, Wayne, NJ 07470
973-694-1800 x 3226