



ASSOCIATION OF MUNICIPAL ASSESSORS OF NEW JERSEY

Website: www.amanj.org

Lee Ann Russ, Treasurer
33 Mechanic Street
Cape May Court House, NJ 08210
(609) 465-8726 FAX: (609) 465-1509

AFFILIATE MEMBERSHIP APPLICATION

_____ Affiliate Membership Dues: \$175

Name:	CTA #:	
Firm Name:		
Title	Email:	
Mailing Address:		
Office Phone:	Office Fax:	

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 AMANJ Code of Ethics & Standards of Professional Conduct.

Applicant's Signature: _____ Date: _____

Make Checks Payable to: AMANJ

Forward ORIGINAL application & the proper dues amount to:

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