MUNICIPAL CLERKS' ASSOCIATION OF NEW JERSEY, INC.

NAME OF MUNICIPALITY _____ COUNTY _____ DATE _____

MAILING ADDRESS OF MEMBER(S)

STREET ADDRESS _____ P.O. NUMBER _____

CITY _____ STATE _____ ZIP CODE _____ E-MAIL _____

MANDATORY - HOME ADDRESS _____ ❑ CHECK HERE IF THE CLERK IS AN "ACTING MUNICIPAL CLERK"

CITY _____ STATE _____ ZIP CODE _____

MAKE CHECKS PAYABLE AND MAIL TO:
MUNICIPAL CLERKS' ASSOCIATION
OF NEW JERSEY, INC.
C/O ANDREW J. PAVLICA, RMC/CMC/MMC
MUNICIPAL CLERK, GARFIELD CITY
111 OUTWATER LANE
GARFIELD, NJ 07026

INSTRUCTIONS

1. TYPE **COMPLETE** INFORMATION IN SPACE PROVIDED BELOW.
2. **CHANGES** IN NAMES OR TITLES **MUST** BE INDICATED ON THIS FORM.
3. **EXTEND** PROPER AMOUNT, **CROSS OUT** ITEMS NOT APPLICABLE.
4. **RETURN WHITE COPY** WITH REMITTANCE TO ASSURE PROPER CREDIT.
5. **NO OTHER VOUCHER NECESSARY.**
   INVOICE FORM APPROVED BY DIVISION OF LOCAL GOVERNMENT SERVICES.

		UNIT	TOTAL
MEMBERSHIP DUES FOR YEAR ENDING DECEMBER 31, 2009			
FULL MEMBERSHIP			
_____ MUNICIPAL CLERK, ACTING MUNICIPAL CLERK, OR COUNTY CLERK: (Name & appointment date)	$100		
_____ DEPUTY OR ASSISTANT: (Name, title)	$75		
_____ CLERK OF BOARD OF CHOSEN FREEHOLDERS: (Name and appointment date)	$100		
_____ DEPUTY CLERK, BOARD OF CHOSEN FREEHOLDERS: (Name and appointment date)	$75		
AFFILIATE MEMBERSHIP			
_____ Governmental Agency: INDIVIDUAL NAME (IF APPLICABLE)	$75		
_____ Educational Institute: INDIVIDUAL NAME (IF APPLICABLE)	$75		
_____ All Others: NAME OF COMPANY AND/OR INDIVIDUAL	$75		
		TOTAL	$

CERTIFICATION

I, having knowledge of the facts, certify that the services have been rendered, said certification being based on signed delivery slips or other reasonable procedure.

Signed _____ Date _____

Title _____

CLAIMANT'S DECLARATION

I certify that the within voucher is correct in all particulars; that the described goods or services have been furnished or rendered, and that no bonus has been given or received on account of said voucher.

Andrew J. Pavlica, RMC/CMC/MMC Treasurer
Municipal Clerks' Association of NJ, Inc.
Tax Identification #23-7330717

WHITE: REMIT TO MCANJ WITH PAYMENT **YELLOW: MUNICIPALITY** **PINK: CLERK'S COPY**