

# NEW YORK STATE ASSOCIATION OF MAGISTRATES COURT CLERKS, INC.

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# APPLICATION

**ANNUAL MEMBERSHIP DUES  
JANUARY-DECEMBER 2018**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Town/Village of: \_\_\_\_\_

Court Address: \_\_\_\_\_

City: \_\_\_\_\_, NY Zip: \_\_\_\_\_



**COURT INFORMATION \*PLEASE MAKE ANY CORRECTIONS NEEDED**

Court Phone: \_\_\_\_\_ Court Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ County: \_\_\_\_\_

TREASURER USE ONLY:

Check #: \_\_\_\_\_ Date: \_\_\_\_\_

Date you became a Court Clerk: \_\_\_\_\_

If you are a new clerk, please indicate the Name of Clerk you replaced: \_\_\_\_\_

Are you the Clerk in more than one Court?: \_\_\_\_\_

Please list other Court: \_\_\_\_\_

DESCRIPTION	PRICE
<b>ANNUAL DUES JANUARY – DECEMBER 2018</b> <input type="checkbox"/> Full Membership Dues ..... \$40.00 <input type="checkbox"/> Retired Members ..... \$20.00	\$
<b>Make Check Payable to: NYSAMCC, Inc.</b>  <b>Mail to (PLEASE NOTE NEW ADDRESS):</b> NYSAMCC, Inc. Membership Chair P.O. Box 161 Chittenango, NY 13037	
<b>Please return this completed statement with your payment in the provided envelope. TOTAL</b>	\$

**For questions or  
information please contact:**

Membership Chair..... Annie Raskoskie ..... 845-382-1737..... araskoskie@nycourts.gov  
 Treasurer ..... Terri Rider ..... 585-243-3782..... trider@nycourts.gov

**Your New Membership Card will be e-mailed to the address above. Please verify it is correct.  
 If you do not receive your card via email, check your spam. It may be there.**

Payment of dues will be accepted from January 1, 2018 through the “fixing of the record date” – August 3, 2018.  
 Your access to the password protected portion of NYSAMCC.com will be good until April 1st, 2018.  
 At that time, your website access will be denied if your dues are not received.

IF YOUR TOWN OR VILLAGE REQUIRES A VOUCHER ONE MAY BE PRINTED ON OUR WEBSITE WWW.NYSAMCC.COM