

N J M M A
New Jersey Municipal Management Association, Inc.
2018 MEMBERSHIP RENEWAL NOTICE / MUNICIPAL VOUCHER

Payable To: NJMMA
c/o Alan Zalkind
Executive Director
Suite 604
303 George Street
New Brunswick, NJ 08901

Member Name: _____
Jurisdiction: _____
Email address: _____

Dues rates are increasing for CALENDAR YEAR 2018 to \$250 for FULL MEMBERS; \$200 for AFFILIATE and ASSOCIATE MEMBERS; and \$50 for RETIRED MEMBERS. The STUDENT MEMBER rate will remain at \$20.

Part-time administrators/managers will be expected to pay \$150 annually in whatever category they fall under.


Dues paid before 1/1/18 will remain at 2017 rates (\$220 for FULL; \$175 for AFFILIATE and ASSOCIATE; and \$20 for RETIRED). Hard (paper) copies of the newsletter are no longer available.

Dues for Life and Honorary Life Members is waived; Corporate Members will receive a separate dues notice.

Dues category: _____ amount due \$ _____

CLAIMANT'S CERTIFICATION AND DECLARATION:

I do solemnly declare and certify under the penalties of law that this bill or invoice is correct in all its particulars; that the goods have been furnished or services have been rendered as stated herein; that no bonus has been given or received by any person or persons within knowledge of this claimant in connection with the above claim; that the amount herein stated is justly due and owing; and that the amount charged is a reasonable one.

Signature:  _____

Name: Alan Zalkind Date: January 1, 2018
Title: Executive Director, NJMMA Federal ID #: 22-2464080

RECEIVING AGENCY CERTIFICATION: I, having knowledge of the facts, certify and declare that the goods have been received or the services rendered and are in compliance with the specifications or other requirements, and said certification is based upon signed delivery slips or other reasonable procedures or verifiable information

Signature: _____ Title: _____ Date: _____

CERTIFICATION BY APPROVAL OFFICER: I certify and declare that this invoice is correct, and that sufficient funds are available to satisfy this claim. The payment shall be chargeable to:

Appropriation Account(s): _____ PO #: _____

Signature: _____ Title: _____ Date: _____

This form has been approved by the Local Finance Board and meets the requirements for certification of performance of services. Since this form has been approved by the Local Finance Board, you do not need to send your purchase order or voucher for separate signature.

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