

**N J MMA**  
**New Jersey Municipal Management Association, Inc.**  
**2020 MEMBERSHIP RENEWAL NOTICE / MUNICIPAL VOUCHER**

Payable To: NJMMA  
c/o Alan Zalkind  
Executive Director  
Address: **See Below**

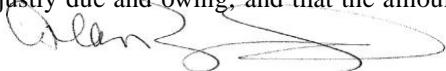
Member Name: \_\_\_\_\_  
Jurisdiction: \_\_\_\_\_  
Email: \_\_\_\_\_

Dues rates for CALENDAR YEAR 2020 are as follows: For active FULL MEMBERS, \$250; ASSOCIATE and AFFILIATE MEMBERS, \$200; RETIRED MEMBERS, \$50; PART-TIME ADMINISTRATORS/MANAGERS, \$150; and STUDENT MEMBERS, \$20. The newsletter is now only available in electronic form; hard (paper) copies are no longer available. Dues for Life and Honorary Life Members is waived; Corporate Partners and Educational/Nonprofit 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: \_\_\_\_\_ Date: January 1, 2020  
Name: Alan Zalkind  
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.

**NJMMA**  
**c/o Alan Zalkind, Executive Director**  
**Rutgers Lifelong Learning Center**  
**3 Rutgers Plaza, 3<sup>rd</sup> Floor**  
**New Brunswick, NJ 08901**