

INVOICE – 2024 MEMBERSHIP DUES

NH Tax Collectors’ Association

July 1, 2024– June 30, 2025

RSA 31:8 **Town Officers’ Associations.** For the encouragement of equitable taxation and the education of public officials in tax problems and other matters pertaining to the proper and efficient discharge of the duties of their respective offices, each town and city shall pay annually to the NH Association of Assessing Officials, the NH City and Town Clerks’ Association, and the NH Tax Collectors’ Association, such amounts as shall be due for annual membership for its officials therein, providing that the amount paid for any one annual membership hereunder shall not exceed \$20. Members of these several organizations in addition to the annual membership fee, shall be entitled to receive their actual expenses incurred in attending the annual convention of their respective associations, the same to be audited by the selectmen of towns and the finance committee of cities and paid out of city and town funds. (Passed 1921, last amended 1973)

Please note: unless otherwise advised, payments made on a municipal check will be credited to the Tax Collector.

City/Town of: _____ **Tax Collector dues \$20.00**

Name of Tax Collector: _____ New member Renewal

Date office first assumed: _____ Interruptions in service: _____
mm/dd/yy from date to date

Mailing address: _____

Phone: _____ Fax: _____ Software: _____

E-mail Address: _____

If payment includes an additional \$20.00 dues for Deputy and/or *persons actively performing all the duties of tax collector/deputy (*Executive Committee Approval Required), please complete below:

Name of Deputy: _____ New member Renewal

Date office first assumed: _____ Interruptions in service: _____
mm/dd/yy from date to date

E-mail Address: _____

If payment is for \$25.00 Associate Membership dues, please complete below: Executive Committee Approval Needed.

Associate Name: _____ Contact Person: _____

Mailing Address: _____

E-mail Address: _____

DUE BY: JUNE 30, 2024 TOTAL AMOUNT ENCLOSED _____

Checks should be made payable to the **NH Tax Collectors’ Association** and returned with completed form to: **c/o Charity Baker, 25 Main Street, Lancaster, NH 03584**

OR PAY ONLINE – WWW.NHTAXCOLLECTORS.ORG

=====ASSOCIATION USE=====

Check # _____ Date Paid _____ Amount Received _____