

TAX COLLECTORS AND TREASURERS ASSOCIATION
OF CAPE MAY COUNTY

2026 Membership Application

Representative: _____

Title: _____

Municipality/Company: _____

Office Address: _____

City/State/Zip: _____

Email: _____

Telephone: _____ Fax: _____

Please complete the above application and return with your check payable to:

“Tax Collectors & Treasurers Association of Cape May County”

Please mail to: Kim Stevenson

PO Box 490

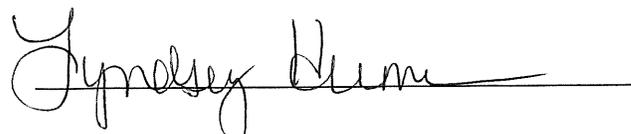
Cape May Point, NJ 08212

Individual Membership Dues: \$150.00

Business Association Dues: \$175.00

(For 1 Representative per Dinner Meeting, Additional Attendees Pay Guest Cost)

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

 _____ for the TCTA of Cape May County