

TCTA Criterion
2026 Membership Application
Invoice for Year Ending December 31, 2026
CLAIMANT'S CERTIFICATE AND DECLARATION

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

Paul M. Lesniak, CTC/CMFO

Paul M. Lesniak, CTC/CMFO – President, TCTANJ

You do not need to send us your voucher for a separate signature since the pre-signed certification above can be attached to your voucher in lieu of sending it to us for a signature. This form of certification of performance of services has been determined by the Local Finance Board to meet the requirements of the statutes for this type of expenditure.

Annual Membership Types (See reverse for descriptions)

Non-members are cordially invited to join

<input type="checkbox"/> Regular Membership (voting)	\$125.00
<input type="checkbox"/> Regular Membership (non-voting)	\$125.00
Second Municipality Membership (in addition to paid Regular Membership)	\$ 43.50
<input type="checkbox"/> Affiliate Membership	\$ 200.00
<input type="checkbox"/> Retired Membership	\$ 62.50

Please do your membership online
go to TCTANJ.ORG on the left side
click on Membership, and
follow directions.

Check Payable to: TCTANJ

(TCTANJ TAX ID #22-2529688) TCTANJ is a 501c organization exempt from the Business Registration Act (c57, PL 2004)

NOTE: DUES WILL NOT BE CONSIDERED PAID UNTIL THE CHECK IS RECEIVED BY THE TCTANJ.

Date	CTC License #	CMFO License #	TCTANJ Membership Number (shown on mail)
------	---------------	----------------	--

First Name	Initial	Last Name	Title: Tax Collector/Chief Finance Officer, etc. (We must have your official title to process your application.)
------------	---------	-----------	---

Name of Municipality or other Government Unit	Mailing Address
---	-----------------

City	State	Zip	County
------	-------	-----	--------

Area Code/Telephone #	Fax #	Office Email Address (a must)
-----------------------	-------	-------------------------------

Name of Second Municipality	Mailing Address
------------------------------------	-----------------

City	State	Zip	County	Membership Number
------	-------	-----	--------	-------------------

Area Code/Telephone #	Fax #	Office Email Address (a must)
-----------------------	-------	-------------------------------

Home Address	City	State	Zip	Home Email Address
--------------	------	-------	-----	--------------------