

NEW YORK STATE ASSOCIATION OF MAGISTRATES COURT CLERKS, INC.

Phone: 716-258-0072 • nysamcc@nycourts.gov • www.nysamcc.com

APPLICATION

ANNUAL MEMBERSHIP DUES JANUARY-DECEMBER 2020

First Name: _____ Middle Initial: _____ Last Name: _____

Town/Village of: _____

Court Address: _____

City: _____, NY Zip: _____

ID Core #: (Located on the back of your NYSAMCC Badge) _____



COURT INFORMATION *PLEASE MAKE ANY CORRECTIONS NEEDED

Court Phone: _____ Court Fax: _____

NY Courts E-mail: _____ County: _____

Date you became a Court Clerk: _____ Are you a Judge?: YES NO

If you are a new clerk, please indicate the Name of Clerk you replaced: _____

Are you the Clerk in more than one Court?: YES NO If yes, Name of Court: _____

List Primary Court (where Docket should be mailed to) _____

TREASURER USE ONLY:

Check #: _____

Date: _____

DESCRIPTION	PRICE
ANNUAL DUES JANUARY – DECEMBER 2020 <input type="checkbox"/> Full Membership Dues \$50.00 <input type="checkbox"/> Retired Members \$25.00	\$
Make Check Payable to: NYSAMCC, Inc. Mail to (PLEASE NOTE NEW ADDRESS): NYSAMCC, Inc. Membership Chair P.O. Box 161 Chittenango, NY 13037	
Please return this completed application with your payment in the provided envelope. TOTAL	\$

For questions or information please contact:

Membership Chair..... Jane Curtiss..... 518-899-6797..... jcurtiss@nycourts.gov
 Treasurer Terri Rider 585-243-3782..... trider@nycourts.gov

**Your New Membership Card will be e-mailed to your nycourts email. Please verify it is correct.
 If you do not receive your card via email, check your spam. It may be there.**

Payment of dues will be accepted from January 1, 2020 through the “fixing of the record date” – August 31, 2020.
 Instructions to access the password protected portion of NYSAMCC.com will be forwarded to you with your membership card by email at your nycourts address.

IF YOUR TOWN OR VILLAGE REQUIRES A VOUCHER ONE MAY BE PRINTED ON OUR WEBSITE WWW.NYSAMCC.COM

_____ EMAIL MY DOCKET _____ U.S. MAIL MY DOCKET