



2 0 1 0 STATEMENT OF DUES

NAME: _____

TITLE: _____

AFFILIATION: _____

E-MAIL ADDRESS: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NO.: _____

Regular Membership	.....	\$25.00/Yr.
Associate Membership	.....	\$35.00/Yr.
Full Regular Membership	.....	\$275.00/Yr.
Full Associate Membership	.....	\$285.00/Yr.
Full Associate Membership & Journal Ad	.....	\$385.00/Yr.

TOTAL SUBMITTED \$ _____

Full membership includes fees for regularly scheduled programs and presentations usually held the second Thursday of each month. Members who choose not to pay for full membership will be charged for each individual program. Additionally, our June and December meetings will be billed at the full cost.

Please complete the entire form and mail it along with your check, payable to the Westchester County Association of Municipal Public Works Administrators, Inc. to:

Rocco Circosta
Membership Chairman
Village of Bronxville
200 Pondfield Road
Bronxville, NY 10708