

Municipal Treasurers Association of Wisconsin, Inc.

2408 North 67th Street • Wauwatosa, Wisconsin 53213 414-453-1442 • Fax 414-453-0526 • <u>mta-wi@att.net</u> • www.mtaw.org

MTAW 2017 Dues Statement

Dues Year May 1 to April 30

PLEA	SE IND	DICATE MEMBERSHIP T	TYPE	** New Member	Renewa	l Member	
	\$55	Regular Member (Elected o	r appointed go	vernment position) _	elected	_ appointed	
	\$525	Corporate Business rate for	10 or more As	ssociate Members or			
		\$70.00 Ass	sociate Membe	r (Business Member	per person)		
	\$5	Retired Member/Treasurer	at Heart				
	\$30	First Time Regular Member	r				
	\$0	Life Member (Honorary	- conferred by	Board of Directors)			
Optiona	al: Year	rs of experience:	Salary: _				
This inf	This information is being gathered for the Salary Survey Committee to share with members. Please consider providing this information.						
PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION.							
	PLE	ASE TYPE OR PRIN	T THE FO	DLLOWING IN	FORMATIO	N.	
<u>Please</u>	Circle:						
Please City, T	Circle:	ASE TYPE OR PRIN				N. Population	
City, T	<u>Circle</u> : own, Vi	llage of(or	Company Name)				
City, T	<u>Circle</u> : own, Vi	llage of(or	Company Name)	Professi	onal Designation(s	Population	
City, T Name: Title: _	<u>Circle</u> : own, Vi	llage of(or	Company Name)	Professi	onal Designation(s	Population	
City, T Name: Title: _ Addres	Circle: own, Vi	llage of(or	Company Name)	Professi	onal Designation(s	Population	
City, T Name: Title: _ Addres City: _	Circle: own, Vi	(or Sta	Company Name)	Professi	onal Designation(s	Population	
City, T Name: Title: _ Addres City: _ Phone:	Circle: own, Vi	(or Sta	Company Name)	Professi Zip: Fax:	onal Designation(s	Population	

RETURN THIS FORM WITH CHECK MADE PAYABLE TO:

MTAW

Terry Estness, Executive Secretary
2408 North 67th Street • Wauwatosa, WI 53213-1441
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