



Massachusetts Association of Assessing Officers

Established 1890 Incorporated 1980

APPLICATION FOR ASSOCIATE MEMBERSHIP

Per the MAAO By-laws, Article IV – Dues, Section 3 - Associate Membership: The annual dues of Associate Members shall be as stated below:

Type of Associate Membership you are applying for (*please check one*):

<input type="checkbox"/>	The dues will be the same as that for <u>Additional Members</u> in employing municipality.	Any person employed <u>by the Assessors Office</u> not entitled to Regular Membership shall be eligible for Associate Membership.
<input type="checkbox"/>	The dues will be the same as that of the <u>Secondary Member</u> in employing municipality	Any person employed <u>by the municipality</u> not entitled to Regular Membership shall be eligible for Associate Membership.
<input type="checkbox"/>	\$120.00	Any person employed by the Commonwealth of Massachusetts or the United States Government and whose work is concerned with <u>property valuation for tax purposes</u> .
<input type="checkbox"/>	\$25.00	Any person who has retired or otherwise terminated his/her official position or employment in or with a municipality, or other governmental agency and who has been a Regular Member or an Associate Member, and who is not employed in a manner related to assessment administration as a consultant, appraiser or other capacity in the property tax field, which would otherwise qualify him/her for <u>Subscribing Membership</u> .
<input type="checkbox"/>	\$40.00	Any person who is an Assessor in a State other than Massachusetts.

Member Information:

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.(check one)	Last Name:	Suffix:
First Name:		M.I.:
E-mail (primary to receive correspondents):		

Work Address:

Municipality (<i>if applicable</i>):		
Title (<i>if applicable</i>):	Department (<i>if applicable</i>):	
Address:		
City:	State:	Zip:
Work Phone Number:	Fax Number:	

Home Address:

Address:		
City:	State:	Zip:
Home Phone Number:		

Preferred Mailing Address (check one): <input type="checkbox"/> Work <input type="checkbox"/> Home
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Please fill out the form and return it with a check to: **M.A.A.O.**
P. O. Box 70
Shrewsbury, MA 01545

If you have any questions regarding the MAAO Dues or Membership, please refer to the MAAO Web Site at www.maa.org.