

Entity: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: (____) _____
 Lister Office Email: _____

Renewal Application?
 Y / N

	VALA Membership	Annual Conference	Are you a IAAO Member?
Name _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternate Email? _____			
Name _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternate Email? _____			
Name _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternate Email? _____			

*** Please list additional names on back of this form ***

VALA Members Annual Conference

Friday September 20, 2019

Franklin Conference Center Rutland, VT

Cost: \$50.00/person*

* (\$40/person when paid along with Membership Registration on this form)

*Conference registrations received AFTER 9/6/2019 are \$70.00/person

VALA Dues Schedule				
MEMBERS (Municipal Assessing Officials or Associates)				
	DUES	#	TOTAL \$	\$/PERSON
1st PERSON	\$30.00	1	\$30.00	\$30.00
2nd PERSON	\$30.00	2	\$60.00	\$30.00
OFFICE (3)	\$60.00	3	\$60.00	\$20.00
OFFICE (4)	\$70.00	4	\$70.00	\$17.50
AFFILIATES				
1st PERSON	\$40.00	1	\$40.00	\$40.00
2nd PERSON	\$35.00	2	\$75.00	\$37.50
3rd & MORE PERSONS (ea)	\$30.00	3	\$105.00	\$35.00
4th etc. (add \$30/person)	\$30.00	4	\$135.00	\$33.75

Total Member Dues: (see chart at left) \$ _____

Total Affiliate Dues: (see chart at left) \$ _____

Annual Conference: (Members only event)

* \$40/person with Membership ___ @ \$40 = \$ _____

* \$50/person w/o Membership ___ @ \$50 = \$ _____

* \$70/person after 9/1/2018 ___ @ \$70 = \$ _____

Total Due with this form: \$ _____

Questions or concerns? E-mail the Membership Coordinator at membership.coordinator@valavt.org

**PLEASE MAKE CHECKS PAYABLE TO:
 VT ASSESSORS & LISTERS
 ASSOCIATION**

**PLEASE MAIL CHECKS TO:
 VAL ALMOSNINO
 P O BOX83
 W. RUPERT, VT 05776**