



MUNICIPAL
CONSTRUCTION
OFFICIALS OF
NEW JERSEY

MUNCO
<http://www.munco.org>

MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT CLEARLY

NAME _____

MUNICIPALITY _____ COUNTY _____

OFFICE MAILING ADDRESS _____

PHONE _____ FAX _____

E-MAIL ADDRESS _____

HOME MAILING ADDRESS _____

_____ PHONE _____

APPLICANT'S SIGNATURE _____

Date

Please enclose a check in the amount of \$75.00 for annual membership dues made payable to MUNCO of NJ. Mail to:

Bob LaCosta, c/o MUNCO
430 Park Avenue,
Scotch Plains, NJ, 07076
Tel. 908-939-8448 Fax 908-322-4361
email: blacosta@scotchplainsnj.com

CLAIMANT'S CERTIFICATION AND DECLARATION: I do solemnly declare and certify under the penalties of the law that the bill is correct in all particulars, the articles have been furnished or services rendered as stated herein, that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim and that the amount charged is a reasonable one. (You do not need to send us your voucher for a separate signature since this pre-signed certification can be attached to your voucher in lieu of sending it to us for a signature. This form of certification of performance of services has been determined by the Local Finance Board to meet the requirements of the statutes for this type of expenditure.) Tax ID# 22-3589179 (non-profit).


Bob LaCosta, Finance Officer