



MUNICIPAL
CONSTRUCTION
OFFICIALS OF
NEW JERSEY

MEMBERSHIP APPLICATION

www.munco.org

Name: Click or tap here to enter text.

Municipality: Click or tap here to enter text. County: Click or tap here to enter text.

Office Mailing Address: Click or tap here to enter text.

Office phone: Click or tap here to enter text.

Office email: Click or tap here to enter text.

Home Mailing Address: Click or tap here to enter text.

Cell phone: Click or tap here to enter text.

Applicant's Signature: _____ Date: Click or tap here to enter text.

Please enclose a check in the amount of \$75 or a Municipal purchase order for annual membership dues 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 written bill is correct in all its particulars; that the articles have been furnished or services rendered as stated herein; that no bonus has been received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount charged is a reasonable one.

The voucher for signature is not required to be sent, this pre-signed certification can be affixed to the voucher in lieu of obtaining an original signature. The Local Finance Board has determined this form of certification meets the requirements of the statutes for this type of expenditure. Tax ID# 22-3589179 (non-profit)


Bob LaCosta, Finance Officer