

## 23/24 Treasurers' Association of VA County/City/Town Retired Membership Application Invoice

Please <b>PRINT</b>	your information:
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Name:		Ti	tle:	
Locality:				
		C	ty, &	
Business Mailing Address:			p Code:	
Business Telephone:			isiness x No:	
Business E-Mail Address:				
Business E-Wait Address.			ty &	
Home Mailing Address:			pcode:	
Home Phone Number:				
registrations. Please Per IRS code section 6113 income tax purposes. Ap	e include payment wi		uctible as	S Charitable contributions for federal
				\$10.00
(Signature of Member)			(Total Amount Enclosed)	
Please make check	navable to	T		
And send to:	payaote to.	reasurers Asso	ciatioi	n of Virginia (TAV)

E-Mail: smith d@wisecounty.org

Telephone: 276-328-4077 Fax: 276-328-4570 Email: Bathtreasurer.pwebb@bathcountyva.org

Telephone: 540-839-7256 Fax: 540-839-7258