



**MUNICIPAL
CONSTRUCTION
OFFICIALS OF
NEW JERSEY**

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MEMBERSHIP APPLICATION

(Please type or print clearly.)

Member information:	
Name:	
Municipality:	County:
Office Mailing Information:	
Street/PO Box:	
Town:	Zip Code:
Phone:	Fax:
Email Address:	
Home Mailing Information:	
Street/PO Box:	
Town:	Zip Code:
Home/Cell Phone:	


Applicant's Signature: _____ Date: ____ / ____ / ____

Please enclose a check in the amount of \$100.00 for annual membership dues made payable to MUNCO and send to:

Bob LaCosta
c/o MUNCO
430 Park Avenue
Scotch Plains, NJ 07076
Telephone: 908.939.8448 / Fax: 908.322.4361
blacosta@scotchplainsnj.com

CLAIMANT'S CERTIFICATION AND DECLARATION :

I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or person within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing and that the amount charged is a reasonable one. I further certify that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate is engaged in prohibited activities or appears on the N.J. Dept. of Treasury's list of entities engaged in prohibited activities in Russia or Belarus pursuant to P.L. 2022 c. 3 or in investment activities in Iran pursuant to P.L. 2012, c. 25.


Bob LaCosta, Treasurer