

**2021 Invoice for Members who DID NOT PAY Covid Fee in 2020
PLEASE PAY COVID FEE NOW BEFORE REGISTERING**

| | | |
|-----------------|------------------|--------------------|
| Membership Type | 3 Month Pay Plan | Total Paid in Full |
|-----------------|------------------|--------------------|

| | | | | |
|---|--------------------------------|------------------|------------------|-----------------|
| <u>Family of 3+</u> \$807. plus \$53.46 tax = \$860.46 | 2/28 \$430.23 | 3/28 \$215.12 | 4/28 \$215.11 | \$860.46** |
| <u>Family of 2</u> \$739. plus \$48.96 tax = \$787.96 | 2/28 \$393.98 | 3/28 \$196.99 | 4/28 \$196.99 | \$787.96** |
| <u>Family of 1</u> \$511. plus \$33.85 tax = \$544.85 | 2/28 \$272.43 | 3/28 \$136.21 | 4/28 \$136.21 | \$544.85** |
| <u>Senior Couple</u> \$646. plus \$42.80 tax = \$688.80 | 2/28 \$344.40 | 3/28 \$172.20 | 4/28 \$172.20 | \$688.80** |
| <u>Single Senior</u> \$398. plus \$26.37 tax = \$424.37 | 2/28 \$212.19 | 3/28 \$106.09 | 4/28 \$106.09 | \$424.37** |
| | Caregiver Card | | | \$186.59 |
| | Permanent Resident Card | | | \$267.50 |

Payment Type

Check _____ Mail to NMSC P O Box 309 New Milford NJ 07646

Credit _____ Mastercard/Discover/Visa *** 3% processing fee will be added to all credit transactions at time of payment.

Card Number _____ exp date _____

Name _____ Address _____

Email Address _____

REMINDER: Every **Bondholder Must** either **pay dues** in full, or **resign** membership or pay \$100 to **freeze** membership by May 1st. Failure to do any one of these will result in a monetary penalty. See PRESIDENT'S LETTER for more details