

KANSAS COUNTY TREASURERS' ASSOCIATION  
ON-LINE CLASS  
REGISTRATION APPLICATION

Student Name \_\_\_\_\_

County \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

County Treasurer Name \_\_\_\_\_

Class Desired:

Treasurer's Calendar \_\_\_\_\_

Current Tax \_\_\_\_\_

Immediately Upon Taking Office \_\_\_\_\_

**Fee Amount Check One that Applies**

\_\_\_\_\_ For 6 hours toward certification \$175.00 (per class chosen)

\_\_\_\_\_ For knowledge only no hours toward certification \$100.00 (per class chosen)

Mail check to Kansas County Treasurers Association Treasurer:

Jayme Rich  
KCTA Treasurer  
200 E. 6<sup>th</sup> Street  
Hugoton, Ks. 67591

**Payment must be submitted prior to receiving authorization information to start class.**

**DISCLAIMER**

The contents of the program presented by the Kansas County Treasurers Association (KCTA) is intended solely for the education and training of KCTA's members, or members staff, and are designed to assist KCTA's members or their staff in obtaining appropriate certification and or general knowledge. The program is not being presented for the benefit of any third party.

The KCTA hereby disclaims any liability to any KCTA member or their staff taking this class, to any county served by such member or to any third party by reason of the application or misapplication of any portion of the contents of this class by any KCTA member or their staff .

The students signature does release and forever discharge the KCTA from and against any and all actions, claims demands, losses damages, rights and cause of action of whatsoever kind or nature, at law, inequity or otherwise, known or unknown, which the undersigned, individually or as a Kansas County Treasurer, now has or which the undersigned may hereafter have, on account of or in any way arising out of the KCTA's educational/certification program presented to members of the KCTA or their staff.

X \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

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For KCTA Treasurer Use

Date Payment received \_\_\_\_\_

Check # \_\_\_\_\_

Date Application Faxed or emailed to Certification Chairperson \_\_\_\_\_