



OFFICE USE ONLY	
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Account Number:	_____

Michigan Association of Public Employee Retirement Systems
 525 E. Michigan Ave. #409 • Saline, MI 48176
 Phone: (734) 944-1144 • Fax: (734) 944-1145 • Email: info@mapers.org

2019 NEW CORPORATE MEMBERSHIP APPLICATION

Name of Corporation: _____ Fed. Tax ID #: _____

Primary Contact Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Check All That Apply: Investment Manager Custodian Consultant
 Actuary Law Firm Administrator
 Accounting Firm Broker Bank
 Other (Please specify) _____

The \$1,500.00 Initiation Fee plus \$1,000.00 Membership Dues must accompany this application. Corporate Membership entitles you to three firm representatives. Additional representatives from your firm should be registered as Associate Members at \$200.00 per representative.

***MAPERS has received a tax opinion relative to your dues, 65% of your dues for 2019 is deductible. MAPERS Tax Identification Number is 38-3092600

Firm Representative check here if same as listed above:

Name _____ Title _____
 Address _____ City _____ State _____ Zip _____
 (_____) _____
 Phone _____ Email Address _____

Firm Representative 2:

Name _____ Title _____
 Address _____ City _____ State _____ Zip _____
 (_____) _____
 Phone _____ Email Address _____

Firm Representative 3:

Name _____ Title _____
 Address _____ City _____ State _____ Zip _____
 (_____) _____
 Phone _____ Email Address _____

\$1,500 Initiation Fee + \$1,000 Annual Dues = \$2,500.00 through 12/31/19
Payment Method: MAPERS accepts Check, AMEX, Visa, MasterCard, Discover

Check Enclosed
 Pay by Credit Card, please email link to: _____

*Please make check payable to MAPERS and mail to:
 525 E. Michigan Ave. #409, Saline, MI 48176 or Fax: 734-944-1145*

Please use the Associate Membership Application Form for Additional Representatives.