OFFICE USE ONLY
Date Rcvd: _____ / _____ / _____
Payment Rcvd:_____
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

2018 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, 60% of your dues for 2018 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 January 1 – December 31

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.