



OFFICE USE ONLY	
Date Rcvd:	_____ / _____ / _____
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Account Number:	_____
Database:	_____ Web: _____

**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](mailto:info@mapers.org)

**2019 CORPORATE MEMBERSHIP APPLICATION - RENEWAL**

Name of Corporation: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

**Corporate Membership entitles you to three firm representatives. Additional representatives from your firm should be registered as Associate Members at \$200.00 per representative. Membership dues may be paid by check, American Express, VISA or Mastercard.**

\*\*\*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	Fax	Email Address		

**Firm Representative:**

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

**\$1,000.00 Annual Dues - January 1 – December 31**

**Payment Method:**  American Express     VISA     MasterCard     Check Enclosed

Credit Card Number: \_\_\_\_\_ Exp.: \_\_\_\_\_ CCV: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

*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.***