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

2018 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 two 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, 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 Fax Email Address

Firm Representative:

_____
Name Title

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

$800.00 Annual Dues - January 1 – December 31, 2016

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.