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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

AFFILIATE MEMBERSHIP APPLICATION

In accordance with Article II, Section 1 of the By-Laws, an Affiliate Member shall be any service organization who represents the interest of active or retired members of a Participating Member. An Affiliate membership listing shall include the service organization's name and two (2) contact persons. Affiliate membership applications must be approved by the Executive Board and sponsored by at least one (1) participating member. Each Affiliate Member is required to pay \$50.00 Annual Membership Dues.

Check One: ___ New Member ___ Renewal

Organization Name: _____

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

Representative One:

Name	Title		

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

Representative Two:

Name	Title		

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

\$50.00 Membership dues January 1 – December 31

Payment Method: American Express VISA MasterCard Check Enclosed Please Invoice

Credit Card Number: _____ Expiration Date: _____

Card Holder Signature: _____

*Please make check payable to MAPERS and mail to:
525 E. Michigan Ave. #409, Saline, MI 48176*