



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

ASSOCIATE MEMBERSHIP APPLICATION

Check One: ____ New Member ____ Renewal

Name of Corporate Member: _____

Federal Tax ID Number: _____

A Corporate Membership is necessary for all organizations that do business with or at MAPERS Conferences. A Corporate Membership allows the organization to send two (2) persons to both semi-annual MAPERS Conferences. Should you wish to send more than two persons, each additional person will need an Associate Membership for the same entitlement. It is important to note that you **cannot** have an Associate Membership without your parent company first having a Corporate Membership. Additional representatives from your firm must be signed up under an Associate Membership at \$300.00 per representative. A twenty-five percent (25%) late fee will be assessed for all renewal dues not received by February 15, 2008. You may pay your dues by check, VISA, MasterCard, or American Express.

IMPORTANT TAX NOTICE
MAPERS has received a tax opinion relative to your dues, 76% of your dues for 2008 is deductible.
MAPERS Tax Identification Number is 38-3092600

Firm Representative:

Name: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Please include \$300.00 dues for Membership January 1 – December 31

Payment Method: VISA MasterCard American Express Check Enclosed

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*