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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

NEW CORPORATE MEMBERSHIP APPLICATION

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) _____

New Corporate Membership Applications must be accompanied a profile of your firm including area of expertise, client list, and corporate structure. The \$3,000.00 Initiation Fee plus \$600.00 Membership Dues must accompany this application. Corporate Membership entitles you to two firm representatives. Additional representatives from your firm should be registered as Associate Members at \$300.00 per representative. Membership dues may be paid by check, American Express, VISA or Mastercard.

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		

\$3,000 Initiation Fee + \$600.00 Annual Dues = \$3,600.00
January 1 – December 31

Payment Method: American Express VISA MasterCard 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 or Fax: 734-944-1145*

Please use the Associate Membership Application Form for Additional Representatives.