



National Conference on Public Employee Retirement Systems
The Voice for Public Pensions

Application for Emerging Manager Membership

ADDRESS AND CONTACT INFORMATION

Name of Organization: _____

Address of Organization: _____

(Please include suite/room number)

City: _____ State: _____ Zip: _____ - _____

Telephone: _____ Fax: _____

Website: _____ E-mail: _____

Individual to whom mail should be sent: _____

Title: _____

Address (if different from above) to which mail should be sent: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Telephone (if different): Fax (if different): _____

E-mail (if different): _____

CERTIFICATION OF ELIGIBILITY

I certify that the above organization manages no more than \$10 billion AUM. If seeking additional consideration as a woman, minority, or disabled veteran-owned business, I certify that the above organization is recognized as a WMDV-owned business.

Application is hereby made for Emerging Manager Membership in the name of the above organization, subject to the constitution and bylaws of the National Conference on Public Employee Retirement Systems.

By becoming a member of NCPERS, I hereby affirm that I support defined-benefit plans for public employees.

Signature: _____

Date: _____

MEMBERSHIP PAYMENT

Amount Due: ☐ **US\$4,090 Emerging Manager Membership**
☐ **US\$7,885 Corporate Membership**
☐ **US\$12,000 CorPERS Membership**

☐ Check

Make check payable to NCPERS and mail to

NCPERS
1201 New York Ave, NW, Suite 850
Washington, DC 20005

☐ Credit Card

☐ American Express  ☐ Visa  ☐ MasterCard 

Credit Card #: _____

Expiration Date: _____ CC Verification Code: _____

Name (on the card): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Charge: \$ _____

Signature: _____

Mail to the NCPERS address listed above, fax to 202-688-2387, or e-mail to membership@ncpers.org.