

National Conference on Public Employee Retirement Systems

The Voice for Public Pensions

Application for Corporate Membership

ADDRESS AND CONTACT INFORMATION

Name of Organization:	
Address of Organization:	
(Please include suite/room number)	
City:	State:Zip:
Telephone:	Fax:
Website:	Email:
Individual to whom mail should be sent:	
Title:	
Address (if different from above) to which mail should be	e sent:
Address:	
City:	State:Zip:
Telephone (if different):	Fax (if different):
Email (if different):	
TYPE OF ORGANIZATION Check all that apply: ☐ Accounting/Auditing Services ☐ Insurance Services ☐ Investment Consultant ☐ Custodial Bank ☐ Custodial Bank ☐ Other ☐ Other	MEMBERSHIP PAYMENT Amount Due: USD \$7,855.00 Corporate Membership USD \$12,000.00 CorPERS Membership Check Make check payable to NCPERS and mail to: NCPERS 1201 New York Ave, NW, Suite 850 Washington, DC 20005
AUTHORIZED SIGNATURE AND DATE Application is hereby made for corporate sponsor membership in the name of the above organization, subject to the Constitution and By-Laws of the National Conference on Public	☐ Credit Card ☐ American Express ☐ Visa ☑ MasterCard ☐ MasterCard ☐ Credit Card #: Expiration Date: CC Verification Code: (M/C and Visa: 3 digit code on the back of the card. Amex: 4 digit code on the front of the card.)
Employee Retirement Systems. By becoming a member of NCPERS you hereby affirm that you support defined benefit plans for public employees. Signature:	Name (on the card): Billing Address: City: Charge: \$
Date:	Signature: