



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

Application for Stakeholder Membership

ADDRESS AND CONTACT INFORMATION

Name of Organization: _____

Primary Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Fax: _____

E-mail: _____

Please provide your email address to receive a username and password to access the member-only section of www.ncpers.org.

How did you hear about NCPERS: _____

PAYMENT METHODS

☐ Check for USD\$ _____ enclosed

Make check payable to NCPERS and mail to

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

☐ Charge my Credit Card for USD\$ _____

☐ American Express  ☐ Visa  ☐ MasterCard 

Credit Card #: _____

Expiration Date: _____

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.

Name on the Card: _____

Billing Address and zip code: _____

Total Amount Charged: _____

Cardholder Signature (required): _____

This is a request to join NCPERS as a Stakeholder member, subject to the Constitution and the by-laws of the National Conference on Public Employee Retirement Systems.

Signature: _____ Date: _____

Select Organization Type:

| | Annual Dues |
|--|--------------|
| <input type="checkbox"/> Union | Select Below |
| <input type="checkbox"/> Retiree Association | \$4,090 |
| <input type="checkbox"/> Plan Sponsor | Select Below |

Select Annual Dues (Union or Plan Sponsor):

Based on Number of Active and Retired Members

| | Annual Dues |
|--|-------------|
| <input type="checkbox"/> 1 – 4,500 Members | \$305 |
| <input type="checkbox"/> 4,501 – 10,500 Members | \$610 |
| <input type="checkbox"/> 10,501 – 16,500 Members | \$1,005 |
| <input type="checkbox"/> 16,501 Members and Over | \$1,225 |

If you have questions about membership,
contact us at 202-601-2445.

Please fax to 202-688-2387, email membership@ncpers.org
or mail to NCPERS, 1201 New York Ave, NW, Suite 850, Washington, DC 20005