



P.O. Box 61543, Harrisburg, PA 17106-1543
Federal ID# 20-2304466

Membership Application

Please check appropriate category of membership

Participating Membership – Annual dues \$95.00

Participating Member Definition: *Any public pension plan in the State of Pennsylvania; or public agency, authority, board or commission whose office has significant regulatory supervision, oversight or administrative responsibility for public pension funds in Pennsylvania*

Affiliate Membership – Annual dues \$500.00

Affiliate Member Definition: *Any public or private corporation, partnership, organization, or individual that regularly provides consulting services, exclusive of investment management and legal work, to public pension plans.*

Associate Membership – Annual dues \$1,000.00

Associate Member Definition: *Any public or private corporation, partnership, organization, or individual that regularly provides investment management and/or legal services to public pension plans.*

Name of Organization _____

Name of Contact Person _____

Mailing Address _____

City, State, Zip _____

Phone Number (____) _____ E-mail address _____

Membership Renewal? Yes No

New Membership? Yes No

Please make check for dues payment payable to: **PAPERS**

Return this application with payment to:

PAPERS, P.O. Box 61543, Harrisburg, PA 17106-1543.

Questions? Contact the PAPERS Office Manager at: douglas.b@verizon.net

Thank you for supporting PAPERS with your membership!