



Association of Montana Retired Public Employees
 P.O. Box 4721 · Helena, MT 59604-4721 WEB: www.amrpe.com
 Phone: 406-495-9270

Membership Form

Member Information (please print or type)

All of this information is helpful during the legislative sessions.

Name	First	Middle initial	Last
Billing address			
City, State, Zip	City	State	Zip
Telephone	()		
E-Mail			
Year born		Retirement System (see below)	
Year retired		Agency	

Membership Type (check one)

ANNUAL MEMBERSHIP <input type="checkbox"/> free first year membership <input type="checkbox"/> 1 year for \$15 <input type="checkbox"/> 2 year for \$29 <input type="checkbox"/> 3 year for \$43 Additional donation enclosed \$ _____	LIFETIME MEMBERSHIP <input type="checkbox"/> \$250 if under age 60 <input type="checkbox"/> \$200 if 60-69 years of age <input type="checkbox"/> \$150 if 70 or older
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Retirement Systems: *Please use these designations when filling out the form above under retirement system*

- Public Employees' Retirement System - State, municipal, county, school employees (**PERS**)
- Judges Retirement System (**JRS**)
- Highway Patrol Officers' Retirement System (**HPORS**)
- Sheriffs' Retirement System (**SRS**)
- Game Wardens' & Peace Officers' Retirement System (**GWPORS**)
- Municipal Police Officers' Retirement System (**MPORS**)
- Firefighters' Unified Retirement System (**FURS**)
- Volunteer Firefighters' Compensation Act (**VFCA**)

Signature	Date
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PLEASE CUT & RETAIN THIS LOWER PORTION FOR YOUR RECORDS

AMOUNT PAID \$ _____ CHECK # _____ DATE PAID _____

THIS IS YOUR MEMBERSHIP RECEIPT

*All information is strictly confidential. Our files are **not** available to anyone outside our organization.*