



Association of Montana Retired Public Employees

P.O. Box 603 · Helena, MT 59624-0603

WEB: www.amrpe.org

Phone: 406-442-4934

Membership Form

You may join, renew, and pay online at www.amrpe.org

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		Retired from:	

Membership Type (check one)

ANNUAL MEMBERSHIP	LIFETIME MEMBERSHIP
<input type="checkbox"/> 1 year for \$15	<input type="checkbox"/> \$250 if under age 60
<input type="checkbox"/> 2 year for \$29	<input type="checkbox"/> \$200 if 60-69 years of age
<input type="checkbox"/> 3 year for \$43	<input type="checkbox"/> \$150 if 70 or older
Additional donation enclosed \$ _____	

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 AMRPE MEMBERSHIP RECEIPT

www.amrpe.org

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