



Association of Montana Retired Public Employees

P.O. Box 603 · Helena, MT 59624

WEB: www.amrpe.com

Phone: 406-442-4934

Membership Form

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

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 \$20.00	<input type="checkbox"/> \$225 if 60-70 years of age
<input type="checkbox"/> 2 year for \$39.00	<input type="checkbox"/> \$175 if 71 or older
<input type="checkbox"/> 3 year for \$58.00	
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.com

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