



**Association of Montana Retired Public Employees**

P.O. Box 603 · Helena, MT 59624

WEB: [www.amrpe.com](http://www.amrpe.com)

Phone: 406-442-4934

**Membership Form**

*You may join, renew, and pay online at [www.amrpe.com](http://www.amrpe.com)*

**Member Information (please print or type)**

*All of this information is helpful during the legislative sessions.*

Please indicate if you are a New Member _____ or Renewing your membership _____			
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)**

<b>ANNUAL MEMBERSHIP</b>	<b>LIFETIME MEMBERSHIP</b>
<input type="checkbox"/> 1 year for \$20	<input type="checkbox"/> \$225 if 60-70 years of age
<input type="checkbox"/> 2 year for \$39	<input type="checkbox"/> \$175 if 71 or older
<input type="checkbox"/> 3 year for \$58	
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**

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