



ILLINOIS PUBLIC PENSION FUND ASSOCIATION

An Association of Public Pension Funds

2587 Millennium, Unit C • Elgin IL 60124
630-784-0406 • Fax 630-784-0416 • www.ippfa.org

2019 INVOICE RENEWAL FORM

IPPFA CORPORATE MEMBERSHIP

We, the below named Firm, Individual, Financial Institution, and/or Investment Brokerage House do hereby apply for **RENEWAL for membership in the IPPFA**, An Association of Public Pension Funds, and whereby shall be eligible for all rights and benefits such membership level warrants.

A maximum of two contact names is allowed for each membership.

ALL CORPORATE MEMBERS must act in accordance with all laws set forth for all Police and Fire pension boards in the State of Illinois or their membership with the Illinois Public Pension Fund Association may either be revoked or not renewed.

ALL CORPORATE MEMBERS will also agree to indemnify and hold harmless this Association, its officers, directors, employees and members for any cause of action that arises out of the corporate member's actions a sponsor member or other affiliate member and/or participation in the affairs of the Association.

I have read and agree to comply with the above standards. (All Corporate Members must sign below)

Signature of 1st primary applicant Date: Signature of 2nd applicant Date:

Sponsorship Membership dues \$5,295.00 annually (Jan 1 – Dec 31)

Affiliate Membership dues \$2,995.00 annually (Jan 1 – Dec 31)

PLEASE NOTE: SPEAKING PRIVILEGES WILL ONLY BE GIVEN TO MEMBERS AT THE \$5295.00 LEVEL.

Please return this completed form with your credit card information or check made payable to IPPFA by January 14, 2019

Credit Card # _____ - _____ - _____ - _____ **AmEx / Visa / MC / Disc Expires** ____/____ **V-code** _____
(3 or 4 digit code)

Name on Card _____ **Address on Card** _____

Please Print all information

Firm Name: _____ web-site: _____

Address: _____

City: _____ State _____ Zip _____

Primary Name: _____ e-mail: _____

Telephone: _____ Fax: _____

Secondary Name: _____ e-mail: _____

Telephone: _____ Fax: _____