

An Association of Public Pension Funds

2587 Millennium, Unit C in Elgin, IL 60124

tel: (630) 784-0406 | fax: (630) 784-0416 | www.ippfa.org

Individual Associate Membership Application

APPLICANT INFORMATION						
Full Name:			Date:			
	First		M.I. Last			
Address:						
nuuress.	Street Address				Apartment/Unit #	
	City			State	ZIP Code	
Phone:			Email:			
DOD.						
DOB:	DOB: Fund/Organization:					
_			PAYMENT			
	ke check payable to A. Place this form and	OR	Fill out your credit card information below and place		Mail To: IPPFA	
your check in an envelope. This form in an envelope.				2587 Millennium Dr., Unit C. Elgin, IL 60124		
	Ple	se Do NO	T Send Cash (note: dues are not tax dedu	uctible)	Eigin, IL 60124	
r tease bo <u>NOT</u> send easi (note, dues are not tax deductione)						
PAYING BY CREDIT CARD						
Amount: \Box \$25.00 \Box Other: \$						
Card Type (please circle): AmEx / Visa / Mastercard / Discover						
Credit Ca	rd #:		Expiration:	/	V-Code:	
Name on Card:						
Billing Address:						
	Street Address				Apartment/Unit #	
	City			State	ZIP Code	
	-					
Name of Cardholder:						
Signature of Cardholder:						