

I. Name & Contact Information

Name: First M.I. Last

Title: Department:

Employer:

Street Address

City State Zip

() -
Business Phone#

E-mail Address

II. Business Information

Employer Type:
 Federal State County City Other _____

Plan Structure
 Defined Benefit Defined Contribution Hybrid _____

Organization Size (Employees):
 1 - 50 50 -100 100 - 250 250 - 500 500+

Organization Membership (Active):
 1 - 10,000 10,000 - 50,000 50,000 - 100,000 100,000 – 900,000
 300,000 – 500,000 500,000 – 1,000,000 1,000,000+

Organization Membership (Retired):

1 - 10,000 10,000 - 50,000 50,000 - 100,000 100,000 – 300,000
 300,000 – 500,000 500,000 – 1,000,000 1,000,000+

Organization Membership (Participating Employers)

1 2 -300 300 - 500 500 – 1000 1000 - 2500 2500+

Plan Net Position:

Less than \$500M \$500M - \$1 Billion \$1 - \$5 Billion \$5 - \$15 Billion
 \$15 - \$30 Billion \$30 - \$60 Billion \$60 - \$100 Billion \$100 Billion+

Your Responsibility Area (check all that apply):

Financial Accounting Budgeting Management Legal
 Investment Accounting Administration Auditing Actuarial
 Financial Management Other _____

Please Identify Organization's:

External Actuary _____
External Auditor _____
Custodian _____
General Ledger Product _____

How did you hear about P²F²?

Friend/Co-Worker P²F² Conference Employer P²F² Website
 Internet Search Chapter Meeting P²F² Publication Direct Mail

III. Membership Dues

Membership Dues —\$150/year/person – This membership includes access to the P²F² Members-Only section of the website, discounts to organizational conferences, and periodic newsletters. Memberships are from January 1, 2017 to December 31, 2017 and are **not** transferrable.

IV. Payment

Make checks payable to: Public Pension Financial Forum

Please return membership application and payment to:

Public Pension Financial Forum
c/o Ohio Public Employees Retirement System
277 East Town Street
Columbus, OH 43215