Member ID _____

MARYLAND RETIRED SCHOOL PERSONNEL ASSOCIATION

MEMBERSHIP APPLICATION

☐ New ☐ Renew ☐ Rejoin

Membership year: July 1, 2026 – June 30, 2027

PERSONAL INFORMATION

Name (First MI Last):

_____

Address (Street or PO Box):

_____

Address 2:

_____

City, State, ZIP:

_____

Cell Phone:

_____

Landline Phone:

_____

Email:

_____

Date of Birth:

_____

MEMBERSHIP

☐ **I am a Maryland public school system retiree.**

☐ **I am an active public school employee.**
Expected Month/Year of Retirement: _____ / _____

☐ **I am the spouse of an MRSPA member.**
Spouse name: _____

☐ **Other**: _____

RETIREMENT INFORMATION

Date of Retirement: _____

Retired from (school system/college/university):

_____

Position at Retirement:

☐ Teacher/Other Certified ☐ Administrator/Supervisor

☐ Non-Cert/Support Staff ☐ Other: _____

ADDITIONAL INFORMATION

Mailing Preferences (we use Constant Contact for emails):

Newsletter: ☐ Email ☐ U.S. Mail

Benefit Providers: ☐ OK to Share ☐ Do Not Share

Bill Notice (check or credit card only):

☐ Email ☐ U.S. Mail

MEMBERSHIP DUES

State Association Dues

☒ $50.00 – MRSPA State Dues

Local Association Dues (select one)

☐ $ 8.00 – Caroline

☐ $10.00 – Calvert, Cecil, Charles, Dorchester, Frederick, Garrett, Queen Anne's, St. Mary's, Somerset, Wicomico, Worcester

☐ $12.00 – Harford, Washington

☐ $15.00 – Anne Arundel, Baltimore City, Baltimore, Kent, Montgomery, Talbot

☐ $20.00 – Allegany, Carroll, Howard, Prince George's

Selected Local Association: Click to select County

Referred By: _____

$50.00 State + $_____ Local = $_____ TOTAL DUES

The MRSPA membership year is July 1 – June 30.
You will be billed in late June for your 2027–2028 dues. If paying by dues deduction, no bill will be sent.

PAYMENT METHODS

Retired public school personnel with a Maryland pension: Choose ONE method (3 payment options: deduction from MD pension, credit card or check).

☐ **Automatic Deduction from Maryland Pension**

I authorize the Maryland State Retirement and Pension System to deduct annual membership dues for the Maryland Retired School Personnel Association (MRSPA) and my local retired school personnel association from **one** of my retirement checks each membership year. I will receive a one-time $10 reduction in my state dues. This authorization will remain in effect until cancelled by written notice to MRSPA. (Do NOT send a check or use a credit card with this payment method.)

_____-_____-_____

SSN: *(Dues deduction requires your full Social Security number.)*

_____

Signature (required) Date

☐ I prefer to call 410-551-1517 to provide my SSN by phone and mail this signed form.

Active public school employees, spouses of MRSPA members, and others: Choose one method (2 payment options: credit card or check).

☐ **Check** – Make payable to "MRSPA"

☐ **Credit Card** – Pay online at https://www.mrspa.org/

Print Save Form

Please complete form and mail to: MRSPA, 8379 Piney Orchard Pkwy, Ste A, Odenton, MD 21113. Or, email to: mrspa@mrspa.org