Member ID_____

Maryland Retired School Personnel Association
Membership Form

☐ New ☐ Renew ☐ Reinstate

Membership Dues for July 1, 2025 - June 30, 2026

Personal Information

Name-(First MI Last):

Address (Street or PO Box):

Address 2:

City, State, ZIP:

Home Phone/landline:

Cell Phone:

Email:

Date of Birth:

Membership

☐ **I am a MD public school system Retiree.**

☐ **I am an active, public school employee.**

Expected Month/Year of Retirement: _____/_____

☐ **I am the spouse of a 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:

Newsletter: ☐ **Email** ☐ **US Mail**

Benefit Providers: ☐ **OK** ☐ **Do Not Share**

Bill Notice (If pay by Check or Credit Card only):

☐ **Email** ☐ **US Mail**

Local Associations & Dues

$ 8.00 - Caroline

$10.00 - Calvert, Carroll, 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, Howard, Prince George's

Select Local: Select one Local

Referred by: _____

The MRSPA Membership year is from July 1 - to June 30. You will be billed in late June for the next year's membership dues. If paying via dues deduction, no bills are sent.

Payment Methods

Retired Public School Personnel with Maryland Pension — Choose 1 (one) method (3 payment options: deduction from MD pension, credit card or check)

☐ **Automatic Deduction from MD Pension**

I hereby 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 check or use credit card with this payment method.

_____-_____-_____

SSN: (Dues Deduction requires your whole social security number)

_____

Signature (required) Date

☎ ☐ I prefer to call 410-551-1517 to give my SSN over the phone *AND* will mail this form with my signature.

Active Public School Employees, Spouses of MRSPA members, Others Choose 1 method. (2 payment options:— credit card or check)

☐ **Check** - Make payable to "MRSPA"

$50 State + $_____ Local = $_____ Total Dues

☐ **Credit Card** - go to: https://www.mrspa.org/

Print Form Save Form Clear Form

5/15/2025

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