



MRSPA Membership Renewal

Member ID: _____

Personal Information

Name: First, MI Last

Address (Street or PO Box)

Address

City, State, ZIP

Home Phone

Cell Phone

Email

Date of Birth

Date of Retirement

Retired from (school system)

Membership Information

Position at retirement:

- Teacher/Other Certified Support Staff
- Administrator/Supervisor
- Other _____

Mailing Preferences:

- Newsletter: Email US Mail
- Billing: Email US Mail
- Benefit Providers: OK Do Not Share

Local Associations & Dues

MRSPA Annual State Dues: \$45.00

\$5.00 - Somerset

\$8.00 - Caroline

\$10.00 - Calvert, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Howard, Queen Anne's, St. Mary's, Washington, Wicomico, Worcester

\$12.00 - Harford

\$15.00 - Anne Arundel, Baltimore City, Baltimore, Kent, Montgomery, Talbot

\$20.00 - Allegany, Prince George's

Selected Local: _____

Referred By: _____

The MRSPA Membership year is July 1 - June 30.

Payment Methods

Automatic Dues 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.

SSN: (Dues Deduction requires your social security number)

Signature

Date

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

Check - Make payable to MRSPA

\$45 State + \$_____ Local = \$_____ Total Dues

Credit Card - www.mrspa.org/renew-membership