



Maryland Retired School Personnel Association Membership Form

 New Reinstatement

The MRSPA Membership year is July 1 - June 30

Personal Information

Name: First MI Last

Address (Street or PO Box)

Address

City, State, ZIP

Home Phone

Cell Phone

Email

Date of Birth

Membership

I am an active, public school employee.

Expected Month/Year of Retirement: _____/_____

I am the spouse of a MRSPA member.

_____ (spouse name)

I am a MD public school system Retiree.

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

Billing: Email US Mail

Benefit Providers: OK Do Not Share

Local Associations & Dues

MRSPA Annual State Dues: ~~\$45.00~~ **\$10**

Join or reinstate your membership between March 1 and May 31 and pay just \$10.00 for state dues. *If you select dues deduction as your payment method, you will receive a one-time \$10 reduction in state dues (\$0 state dues). This means you pay only local dues for 2022-2023!*

\$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: _____

Payment Methods

Retired School Personnel

(3 payment options: deduction from MD pension, credit card or check)

Automatic Deduction from MD Pension (no check)

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.

Active Public School Employees or Spouses of MRSPA Members

(2 payment options: credit card or check only)

Check - Make payable to "MRSPA"

\$10 ~~\$45~~ State + _____ Local = _____ Total Dues

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