



# Maryland Retired School Personnel Association Membership Form

 New  Reinstatement

**Special Rate: March 1 - May 31, 2024 Only**

## 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 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)

## 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**

**\$5.00** - Somerset

**\$8.00** - Caroline

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

**\$12.00** - Harford, Washington

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

**\$20.00** - Allegany, Howard, Prince George's

Selected Local: \_\_\_\_\_

Referred By: \_\_\_\_\_

*The MRSPA Membership year is July 1 - June 30*

*You will be billed in late June for your 2024-2025 membership dues. If paying via dues deduction, no bills are sent.*

## Payment Methods

Retired School Personnel — Choose 1 (one) method only  
(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 State + \$ \_\_\_\_ Local = \$ \_\_\_\_ Total Dues

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

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