



Membership Application Form Special Promotion

New Rejoin

Special Dues Rates: March 1 - May 31, 2026 Only

MRSPA Annual State Dues: ~~\$50.00~~ **\$10 or \$0***

Personal Information

Name-(First MI Last): _____

Address (Street or PO Box): _____

Address 2: _____

City, State, ZIP: _____

Cell Phone: _____

Landline: _____

Email: _____

Date of Birth: _____

Local Associations & Dues—All \$0

~~\$8.00~~ **\$0** - Caroline

~~\$10.00~~ **\$0** - Calvert, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Queen Anne's, St. Mary's, Somerset, Wicomico, Worcester

~~\$12.00~~ **\$0** - Harford, Washington

~~\$15.00~~ **\$0** - Anne Arundel, Baltimore City, Baltimore, Kent, Montgomery, Talbot

~~\$20.00~~ **\$0** - Allegany, Howard, Prince George's

Select Local: _____

Referred By: _____

The MRSPA Membership year is July 1 - June 30

You will be billed in late June for your 2026-2027 membership dues. If paying via dues deduction, no bills are sent.

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

Payment Methods

Retired Public School Personnel — 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 canceled by written notice to MRSPA. (Do NOT send check or use credit card with this payment method.)

_____-_____-_____ SSN: SSN:

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"

\$10 State + \$ 0 Local = \$ 10 Total

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