



Maryland Retired School Personnel Association Membership Form-Special

 New Reinstatement

Special State Dues Rate: March 1 - May 31, 2025

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

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

\$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

Select Local: _____

Referred By: _____

The MRSPA Membership year is July 1 - June 30

You will be billed in late June for your 2025-2026 membership dues. If paying via dues deduction, no bills are sent.

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 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"

\$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