

Application for Membership
(Please Print)

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Do not share my information with member benefits providers.

Detach and return to:
MRSPA
8379 Piney Orchard Parkway, Suite A
Odenton, MD 21113

PLEASE COMPLETE:

MRSPA dues \$45.00 + Local dues \$ _____ = Total Dues \$ _____
(Reference Chart)

Please check the appropriate box:

I hereby authorize annual dues deduction from my July retirement check or deposit.

(Social Security Number Required) _____

MRSPA Dues \$45 + Local Dues \$ _____ = \$ _____ minus \$10=(1 time reduction for Dues Deduction)\$ _____ Total

Enclosed is a check made payable to MRSPA.

You may also join with a credit card at www.mrspa.org

Signature _____ Date _____ Local Association _____

The MRSPA Membership year is July 1 through June 30.