

MCPSTRA & MRSPA
Application for Membership
(Please Print)

Name _____

Address: _____

City: _____ State _____ ZIP + 4 _____

Birth date: _____ Telephone: _____

Email _____

Please sign the authorization for dues deduction (below). A \$55 deduction includes annual membership in both MCPSTRA and MRSPA.

I hereby authorize the Retirement and Pension System of Maryland to deduct annual membership dues for the MRSPA and the MCPSTRA from one of my retirement checks each membership year.

I understand that my Social Security Number (SSN) is required for dues deduction. If you prefer not to mail your social security number, you may call the MRSPA office at 410-551-1517, or toll-free at 877-625-6782 to relay your number. You will still need to print and mail the authorization form with your signature.

SSN _____

This authorization will remain in effect until canceled by written notice mailed to the Maryland Retired School Personnel Association.

MAIL TO: MRSPA, 8379 Piney Orchard Parkway, Suite A, Odenton, Maryland 21113

Signature _____ Date _____