



Membership Form

Plan your future. Protect your future.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email Address _____

Your educational system or district _____

Referred by _____

Membership dues:

- \$35 Annual
- \$700 Lifetime membership
- \$ _____ Local chapter dues
(See listing this page)

Payment options:

- Check enclosed
- Visa
- Mastercard

Detach form and return to:

MARSP
PO Box 23214
Lansing, MI 48909

Card number _____ Exp. date _____ CVV# _____

Name as it appears on card _____

Amount _____ Date _____

Cardholder signature _____