



Michigan Association of
Retired School Personnel
Protecting your future

Membership Form

Plan your future. Protect your future.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Your educational system or school district

Referred by _____

Spousal Membership

"All you need is one" to help MARSP grow its membership.

Sign up your spouse as a member. As the usual beneficiaries of benefits, spouses have a voice too!

____ Please make my spouse a member of MARSP! I am including \$35 for state MARSP membership.

Make my spouse a member of the local chapter, too!
(please include applicable chapter dues)

Name of Spouse: _____

Email Address: _____

Date of birth: _____

Membership Type

Quantity

Price

Total

MARSP annual membership			
MARSP lifetime membership			
MARSP local chapter membership Name:			
MARSP spousal annual membership			
MARSP spousal local chapter membership Name:			

Total*:

I authorize MARSP to automatically renew my State and Local Chapter membership the first week of March each year using the credit card information on this form. *(e-mail address required for automatic renewal)*

Payment options:

____ Check enclosed

Visa

Mastercard

Discover

American Express

Return form with
payment to:

MARSP
PO Box 23214
Lansing, MI 48909

Card Number

Exp. Date

CVV#

Name as it appears on card

Amount

Date

Cardholder signature

**Please note that credits/overpayment less than annual dues amount will be considered a contribution to MARSP.*