



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: _____

Birthdate: _____

Membership Type	Quantity	Price	Total
MARSP annual membership		\$35 (\$20 if 85+ years of age)	
MARSP lifetime membership		\$700	
MARSP local chapter membership Name: _____			
MARSP spousal annual membership		\$35	
MARSP spousal local chapter membership Name: _____			

Total: _____

Payment options:

____ Check enclosed

____ Visa ____ Mastercard ____ Discover ____ American Express

Card Number _____ Exp. Date _____ CVV# _____

Name as it appears on card _____

Amount _____ Date _____

Cardholder signature _____

Return form with payment to:

MARSP
PO Box 23214
Lansing, MI 48909

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