



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 \$40 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	___	\$40	___
MARSP lifetime membership	___	\$800	___
MARSP local chapter membership Name: _____	___	___	___
MARSP spousal annual membership	___	\$40	___
MARSP spousal local chapter membership Name: _____	___	___	___

Payment options:

___ Check enclosed

___ Visa ___ Mastercard ___ Discover ___ American Express

Total*: ___

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.