

## CHAPTER DUES 2026-2027

### Michigan

Alger - \$10  
Allegan - \$5  
Alpena - \$10  
Baraga - \$5  
Barry - \$7  
Bay, Northern  
Bay Arenac - \$10  
Berrien - \$9  
Branch - \$5  
Calhoun - \$6  
Cheboygan - \$5  
Chippewa-Mackinac - \$5  
Clare - \$5

Clinton/Shiawassee - \$5  
Crawford-Oscoda - \$7  
Delta - \$5  
Dickinson - \$5  
Eaton - \$7  
Emmet - \$10  
Genesee - \$9  
Genesee South East - \$10  
Genesee West - \$9  
Gladwin - \$5  
Gogebic - \$10  
Grand Traverse - \$10  
Hillsdale - \$5  
Houghton/Keweenaw - \$5

Huron - \$5  
Ingham,  
Greater Lansing - \$0  
Ionia - \$10  
Iron - \$10  
Isabella - \$10  
Kalamazoo - \$10  
Kent - \$10  
Lapeer - \$8  
Leelanau - \$10  
Lenawee - \$0  
Livingston - \$5  
Luce County/  
Tahquamenon - \$10  
Macomb East - \$8  
Macomb North - \$8

Manistee - \$8  
Marquette - \$5  
Mason-Lake - \$10  
Mecosta-Canadian Lakes - \$10  
Menominee - \$5  
Muskegon - \$15  
Oakland North - \$5  
Oakland Suburban - \$6  
Oakland-Farmington - \$5  
Oceana - \$10  
Ogemaw - \$6  
Ontonagon - \$5  
Osceola - \$5  
Otsego - \$10  
Ottawa - \$10  
Presque Isle - \$10

Saginaw - \$10  
Schoolcraft - \$7  
St Clair-Sanilac - \$8  
St Joseph - \$10  
Tuscola - \$5  
Van Buren - \$15  
Washtenaw - \$10  
Wayne Detroit - \$12  
Wayne Downriver - \$10  
Wayne Metro - \$5  
Wayne Northwest - \$8  
Wexford-Missaukee - \$7



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RENEWAL-GUIDE**

### Colorado

Colorado Chapter - \$1

### Florida

Char-sota - \$5  
Tallahassee/  
South Georgia - \$1  
Tri-County - \$5



## MEMBERSHIP FORM

NEW, RENEWING, & RETURNING MEMBERS

Name \_\_\_\_\_

Education system/school district \_\_\_\_\_

Position at retirement \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Communication Preferences

Adjust your communication preferences anytime through your online member profile ([www.marsp.org/member-login](http://www.marsp.org/member-login)) or by calling the office.

☐ **Subscribe to Travel Program News:** Be the first to receive updates and registration information for MARSP's Travel Program.

☐ **Receive VANGUARD magazine by email only:** Your membership comes with a mailed subscription to MARSP's quarterly member magazine. Check this box if you would like to stop your mailed subscription and receive VANGUARD by email only. *Limit of one mailed issue per household.*

### Referral Program

I was referred by: \_\_\_\_\_

Members who refer a new or returning member are entered into a monthly drawing for a \$25 Visa® gift card and the annual grand prize drawing of a trip for two to the Grand Hotel on Mackinac Island.

### ☐ Spouse/Beneficiary Membership

Enrolling your spouse/beneficiary as a member strengthen MARSP's influence in Lansing and enters you into the Referral Program!

Spouse/Beneficiary Name \_\_\_\_\_

Email (members may not share an email address) \_\_\_\_\_

Birthdate: \_\_\_\_\_

**Return form and payment to:** MARSP, PO Box 23214, Lansing, MI 48909

**Contact MARSP:** 1-888-960-4022 or [staff@marsp.org](mailto:staff@marsp.org)

### Membership Selection(s)

Qty Price Total

MARSP annual membership (2026-27)		\$50	
MARSP lifetime membership		\$1000	
MARSP <a href="#">chapter membership</a> (2026-27) Chapter name:			
Spouse/beneficiary annual membership (2026-27)		\$50	
Spouse/beneficiary <a href="#">chapter membership</a> (2026-27) Chapter name:			

### Support MARSP Funds

☐ Voluntary Benefit Defense Fund for the legal defense of retiree benefits.

☐ In honor of: ☐ In memory of:

☐ General Fund to help meet current budget expenses.

Chapter (if applicable):

☐ DonorsChoose Fund to support classroom projects in Michigan's public schools.

**Contribution amount:** \$ \_\_\_\_\_

### Payment Options

**Grand Total**

\$

☐ **Check** (# \_\_\_\_\_)

☐ **Card** \_\_\_\_ Visa \_\_\_\_ Mastercard \_\_\_\_ Discover \_\_\_\_ AMEX

**Automatic Renewal (email required):** I authorize MARSP to automatically renew my state and chapter membership the first week of March each year using the credit card information below.

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Amount \_\_\_\_\_ Date \_\_\_\_\_

Cardholder signature \_\_\_\_\_

*\*Overpayment will be considered donation*