



**Maryland Retired School Personnel Association
 Baltimore County Retired School Personnel Association Unit #04
 Application for Automatic Dues Deduction**



Name: _____ **Soc. Sec. #:** _____ **Birthdate:** _____

I understand that my social security number is required if I wish to become a dues deduction member. Otherwise, I will include a check for the total amount made out to MRSPA.

Address: _____ **Telephone #:** _____

City: _____ **State:** _____ **Zip:** _____

eMail: _____

***Please sign authorization below for dues deduction and MAIL TO:**

MRSPA/BCRSPA Membership	STATE DUES	\$45.00
8379 Piney Orchard Parkway, Suite A	LOCAL DUES	<u>15.00</u>
Odenton, MD 21113-1508	TOTAL:	\$60.00

I hereby authorize the Teachers Retirement System of the State of Maryland to deduct annual membership dues for the MRSPA and Local Retired School Personnel Associations from one of my Retirement checks each year. This authorization is to remain in effect until cancelled by written notice mailed to the Maryland Retired School Personnel Association.

Signature: _____ **Date:** _____

(No signature required if you plan to pay by check on a yearly basis.)