

Date Approved: \_\_\_\_\_

Member No.: \_\_\_\_\_



### Membership Application

\* MEMBERSHIP - \$30.00

#### PLEASE PRINT

Name: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_  
(include City/State/Zip)

Phone \_\_\_\_\_ Email: \_\_\_\_\_

#### FOR FAMILY MEMBERSHIP

Spouse/Dependent: \_\_\_\_\_  
Last Name First Name

#### VERIFICATION

What year did you begin service with the State of Maryland? \_\_\_\_\_ What year did you retire? \_\_\_\_\_

**If Retired** how many years of service? \_\_\_\_\_ **If not retired**, give years of current service \_\_\_\_\_

State Department or Agency \_\_\_\_\_

Division/Area/Section: \_\_\_\_\_

**PREFERRED Contact Method:** Circle One Facebook Email First Class Mail

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\* New Membership rates for applications submitted after 10/1/2020.  
Membership is from October 1 – September 31<sup>st</sup>.

Please mail with CHECK OR MONEY ORDER to: United WE MATTER, 4990 Mercantile Road, Unit #44102, Nottingham, MD 21236