

Date Approved: _____

Member No.: _____



Membership Application

CIRCLE ONE:

***SINGLE MEMBERSHIP - \$30.00**

*** FAMILY MEMBERSHIP - \$40.00**

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 31st.*