

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

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



**Membership Application**

Circle one:

**SINGLE MEMBERSHIP - \$20.00**

**FAMILY MEMBERSHIP - \$30.00**

**PLEASE PRINT**

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

Address: \_\_\_\_\_

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

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

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

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

Location/Job Title: \_\_\_\_\_

**FOR FAMILY MEMBERSHIP (Please Print)**

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 \_\_\_\_\_

Are you or have you been affiliated with a union? **Circle One** YES NO. If Yes, the name and chapter \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature