

MSP Retiree Membership Form



Name _____ Signature _____

Address _____

Personal Email Address _____ Home/Cell Phone _____

Please check the method you wish to pay your retiree MSP dues:

- Yearly at the rate of \$10 .00 per year
- Lifetime membership at the one time rate of \$50.00

Please send me a copy of the *MSP Chronicle* Newsletter:

- I would like a hardcopy mailed to the address above
- I would like the electronic version emailed to the personal email address above

Keep me in the loop about volunteer opportunities when MSP is working on important initiatives such as:

- Contract bargaining
- Legislative issues impacting public employees
- Legislative issues impacting public education
- Labor union solidarity
- Other: _____