

Maryland School Psychologists' Association

2014-2015 Renewal Invoice

If you wish to pay your membership dues via the USPS, please complete and mail this document to the address below.

Mail to: **MSPA Membership, P.O. Box 1859 , Westminster, MD 21158**

Member Name: _____

Check #: _____

VISA/MASTERCARD (MSPA does not accept Discover or AMEX)

Credit Card Number: _____

Name on Card: _____

Expiration Date(MM/YYYY): ____/____/____

CVC: _____

Membership Fee (please circle):

\$70.00/ACTIVE (July 1, 2014 - June, 2015);

\$50.00/ASSOCIATE;

\$40.00/First Year;

\$25.00 RETIRED;

\$20.00 STUDENT

SPAM Donation: \$ _____

Legislative Donation: \$ _____

Total Payment: \$ _____

Signature: _____