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APPLICANT INFORMATION

TODAY'S DATE	ADDRESS
FIRST NAME/ MIDDLE INITIAL	ADDRESS
LAST NAME	CITY STATE/PROVINCE
TITLE	COUNTRY ZIP/POSTAL CODE
AFFILIATION	WORK PHONE HOME PHONE
DEPARTMENT NAME	YEAR PHD EARNED/EXPECTED (ENTER N/A IF NOT APPLICABLE)
EMAIL ADDRESS	

MPSA MEMBERSHIP OPTIONS

2-Year Digital Membership (Please check membership category)

- Professional, Income < \$50,000 \$129
- Professional, Income \$50,000-59,999 \$160
- Professional, Income \$60,000-99,999 \$191
- Professional, Income \$100,000+ \$237
- Graduate Student \$93
- Undergraduate Student \$52
- Lifetime Membership \$3,090
- Retiree \$68

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PRIVACY OPTIONS

- I consent to receiving mailings from MPSA including monthly newsletters, membership updates, conference updates, and announcements from the *AJPS*. I understand that I can opt-out of email communications from MPSA at any time.

PAYMENT DUE AMOUNT

Membership Dues \$ _____

+ Additional Contributions from Above \$ _____

Add Above Subtotals TOTAL DUE \$ _____

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