



MRSEA

MINNESOTA RETIRED STATE
EMPLOYEES ASSOCIATION

Our Strength Is Your Security

If you are retired from the State of Minnesota, you are eligible for MRSEA membership.

Legal Name _____
(Last) (First) (Middle)

Mailing Address (Street or Route Box) _____

City _____ State _____ ZIP _____

Phone _____ Email Address _____

Membership Information	Gift, If Desired
<input type="checkbox"/> \$25 Annual Dues	\$ _____ Gift to MRSEA
<input type="checkbox"/> New —or— <input type="checkbox"/> Renewal	\$ _____ Total Enclosed

Make check payable to **MRSEA**. Mail payment and application to:

MRSEA Membership
P.O. Box 416
Excelsior, MN 55331