

2008-2009

LAST NAME

FIRST NAME

MIDDLE INITIAL

GRE A MEMBERSHIP FORM

NEW MEMBER RENEWAL

AUTOMATIC DUES DEDUCTION (A.D.D.)

My signature below authorizes TRS to deduct \$2.00/month from my TRS pension payment. This authorization will remain in effect until I choose to terminate it by notice to Georgia Retired Educators Association.

OR

\$24 ONE YEAR
 \$360 LIFE

Send check with this card to the address below. Make check payable to GRE A.

Local Unit

FOR OFFICE USE ONLY

I.D.#

CONTROL #

DATE

Signature

Date

Address

Social Security #

City

State

Zip

Phone #

Return this portion to: Georgia Retired Educators Association • 615-C Oak Street • Gainesville, GA 30501-8522

Georgia Retired Educators Association
2008-2009 Membership Card

Name



Fellowship—Service—Support

Membership July 1, 2008-June 30, 2009

*Dr. Beverly A. Roberts
President, 2008-2009*

*Dr. William G. Sloan, Jr.
Executive Director*