GREA LOCAL UNIT REPORT OF DECEASED MEMBERS

To: Local Unit President, Membership Chair or Memorial Chair
Please send a copy of this form to the State Office when you lose a member by death.

Deceased Member _____ _____ _____
First Name MI Last Name

Address_____ _____ _____ _____
Street City State Zip

Local Unit _____County_____ Date of Death_____

GREA Local Unit Member ☐ Yes ☐ No GREA State Member ☐ Yes ☐ No

Additional
Comments:_____

Return form to: **Georgia Retired Educators Association or grea3@grea3.org**
P.O. Box 1379
4311 Falcon Parkway
Flowery Branch, GA 30542

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