GREA LOCAL UNIT REPORT OF DECEASED MEMBERS

To: Local Unit President, Membership Chair or Necrology Chair
Please send a copy of this form to the State Office when you lose a member by death. When this form is received by the GREA Office, a sympathy card will be sent to the family.

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

Send Sympathy Card? ___Yes ___No If yes, to whom and address?

_____

Additional
Comments:_____

Return form to: **Georgia Retired Educators Association or GREA3@earthlink.net**
P.O. Box 1379
4311 Falcon Parkway
Flowery Branch, GA 30542