

GREA LOCAL UNIT EMERITUS MEMBERSHIP RECOMMENDATIONS

This is to certify and recommend the following member for Emeritus membership. He/she is a current member of GREA, has been a member for the last five consecutive years, and is at least ninety years old.

MEMBER: _____
First Name MI Last Name

ADDRESS: _____
Street Address City State Zip

Local Unit: _____ County _____

Comments:

Local Unit President:

Signature Date

Local Unit Membership Chair

Signature Date

Return form to: **Georgia Retired Educators Association** or gre3@grea3.org
P.O. Box 1379
Flowery Branch, GA 30542