

2022-2023

LAST NAME

FIRST NAME

MIDDLE INITIAL

Address

City

State

Zip

Phone #

EMAIL

☐ **AUTOMATIC DUES DEDUCTION (A.D.D.)**  
#

**SS# or TRS Retirement # is required.**

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.

Signature

Date

☐ **\$27 ONE YEAR**  
☐ **\$360 LIFE**

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

Local Unit/County

FOR OFFICE USE ONLY

CONTROL #

DATE

**GREA MEMBERSHIP FORM**

DETACH HERE, RETURN THIS SIDE

KEEP THIS SIDE FOR YOUR RECORDS

**Georgia Retired Educators Association**  
**2022 - 2023 Membership Card**

Name



**Fellowship — Service — Support**

**Membership July 1, 2022 - June 30, 2023**

**Dr. Henrietta Gray**

**President 2022 - 2023**

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

**Executive Director**

**Website: [garetirededucators.org](http://garetirededucators.org)**

Return this portion to: Georgia Retired Educators Association • P.O. Box 1379 • Flowery Branch, GA 30542