

2025-2026

LAST NAME

FIRST NAME

MIDDLE INITIAL

Address

City

State

Zip

Phone #

GRE A MEMBERSHIP FORM

RENEWAL

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 GRE A.

Local Unit/County _____

FOR OFFICE USE ONLY

CONTROL #

DATE

Thanks for Renewing!

GRE A MEMBERSHIP RENEWAL FORM

DETACH HERE, RETURN THIS SIDE

KEEP THIS SIDE FOR YOUR RECORDS

**Georgia Retired Educators Association
2025 - 2026 Membership Card**

Name _____



Fellowship — Service — Support

Membership July 1, 2025 - June 30, 2026

Geraldine Reid

President 2025 - 2026

Dr. William G. Sloan, Jr.

Executive Director

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