

2021-2022

LAST NAME

FIRST NAME

MIDDLE INITIAL

Address

City

State

Zip

Phone #

**GREA 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

OR

**\$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

*Thanks for Renewing!*

**GREA MEMBERSHIP RENEWAL FORM**

DETACH HERE, RETURN THIS SIDE

KEEP THIS SIDE FOR YOUR RECORDS

**Georgia Retired Educators Association  
2021 - 2022 Membership Card**

Name \_\_\_\_\_



*Fellowship — Service — Support*

**Membership July 1, 2021 - June 30, 2022**

*Dr. Henrietta Gray*

**President 2021 - 2022**

*Dr. William G. Sloan, Jr.*

**Executive Director**

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