

2019-2020

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
2019 - 2020 Membership Card**

Name _____



Fellowship — Service — Support

Membership July 1, 2019 - June 30, 2020

JoAnn Tomlinson

President 2019 - 2020

Dr. William G. Sloan, Jr.

Executive Director

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