

2018-2019

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  
2018 - 2019 Membership Card**

Name



**Fellowship — Service — Support**

**Membership July 1, 2018 - June 30, 2019**

**Mickey Wendel**

**President 2018 - 2019**

**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