

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

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

GREA MEMBERSHIP FORM

DETACH HERE, RETURN THIS SIDE

KEEP THIS SIDE FOR YOUR RECORDS

Georgia Retired Educators Association
2024 - 2025 Membership Card

Name



Fellowship — Service — Support
Membership July 1, 2024 - June 30, 2025

Shirley Grant
President 2024 - 2025

Dr. William G. Sloan, Jr.
Executive Director

Website: garetirededucators.org