

			2024-2025
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 _____
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☐ **\$27 ONE YEAR**  
☐ **\$360 LIFE**

Send check with this card to the address below. Make check payable to GREA.

Local Unit/County \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>
CONTROL # _____
DATE _____ <i>Thanks for Renewing!</i>

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

**GREA MEMBERSHIP RENEWAL 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*