

Georgia Retired Educators Association
 2013-2014 Membership Card

2013-2014
 LAST NAME FIRST NAME MIDDLE INITIAL

Address SS# or TRS Retirement # is required.

City State Zip Phone #

EMAIL

GREA MEMBERSHIP FORM
 AUTOMATIC DUES DEDUCTION (A.D.D.)
 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 _____

\$24 ONE YEAR
 \$360 LIFE
 Send check with this card to the address below. Make check payable to GREA.
 Local Unit _____

FOR OFFICE USE ONLY
 CONTROL # _____
 DATE _____

Return this portion to: Georgia Retired Educators Association • Park Place 1 • 322 Oak Street • Gainesville, GA 30501-3580

Name _____

Fellowship—Service—Support



Membership July 1, 2013–June 30, 2014

Dr. William G. Sloan, Jr. Executive Director
 Rita Marable President, 2013–2014