2026 -2027 Paulding Retired Educators Membership Form

PREA Co-Presidents: Frankie Shaw frankiemshaw@gmail.com **cell: 404-285-9012** ***and***

Laura Weiss not2bz4u@bellsouth.net cell: 404-316-7164

Send this application with Dues and/or Donations to our treasurer:

Paulette Rakestraw ***2067 Charles Hardy Pkwy*** ***Dallas, GA 30157***

New Retirees: **Join GREA and get the first year of PREA membership free.** ***Please return this form*** **with NO money so that we have your information for our newsletter email list.**
Current Members: **Please send your dues to our treasurer or pay at the next meeting.**

Name: _____

Street: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

E-Mail Address: _____

$_____ $15 for Yearly PREA Dues (Free for New Retirees the first year)
$_____ Donation to the Scholarship Fund

I would like my donation to the Scholarship Fund to be in honor or in memory of

_____

Total amount enclosed: $_____ (Make check payable to PREA.)

GREA MEMBERSHIP FORM

LAST NAME FIRST NAME MIDDLE INITIAL

Address

City State Zip Phone #

EMAIL_____ ☐ NEW MEMBER ☐ RENEWAL

☐ **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
Paulding

FOR OFFICE USE ONLY
CONTROL #
DATE

GREA MEMBERSHIP FORM
Fellowship — Service — Support

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