

# 2024 -2025 Paulding Retired Educators Membership Form

PREA Co-Presidents: Beth Black [bethrblack@aol.com](mailto:bethrblack@aol.com) cell: 770-656-6119 and

Patti Swift [mrs.hokieswift@comcast.net](mailto:mrs.hokieswift@comcast.net) cell: 404-434-3625

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			
EMAIL		Phone #			
<input type="checkbox"/> NEW MEMBER		<input type="checkbox"/> RENEWAL			
<input type="checkbox"/> <b>AUTOMATIC DUES DEDUCTION (A.D.D.)</b> 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.	<input type="checkbox"/> <b>\$27 ONE YEAR</b> <input type="checkbox"/> <b>\$360 LIFE</b> Send check with this card to the address below. Make check payable to GREA.  Local Unit/County _____ <b>Paulding</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;"><b>FOR OFFICE USE ONLY</b></td> </tr> <tr> <td style="text-align: center; padding: 5px;">CONTROL #</td> </tr> <tr> <td style="text-align: center; padding: 5px;">DATE</td> </tr> </table>	<b>FOR OFFICE USE ONLY</b>	CONTROL #	DATE
<b>FOR OFFICE USE ONLY</b>					
CONTROL #					
DATE					
Signature	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](http://garetirededucators.org)