

2024 -2025 Paulding Retired Educators Membership Form

PREA Co-Presidents: Beth Black bethrblack@aol.com cell: 770-656-6119 and

Patti Swift 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: _____ 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 _____

\$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

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

GREA MEMBERSHIP FORM
 Fellowship — Service — Support