

2025 -2026 Paulding Retired Educators Membership Form

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

Patti Swift mrs.hokleswift@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"/> 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.	<input type="checkbox"/> \$27 ONE YEAR <input type="checkbox"/> \$360 LIFE Send check with this card to the address below. Make check payable to GREA. Local Unit/County <p style="text-align: center; font-weight: bold;">Paulding</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">FOR OFFICE USE ONLY</td> </tr> <tr> <td style="text-align: center; padding: 5px;">CONTACT #</td> </tr> <tr> <td style="text-align: center; padding: 5px;">DATE</td> </tr> </table>	FOR OFFICE USE ONLY	CONTACT #	DATE
FOR OFFICE USE ONLY					
CONTACT #					
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