LAST NAME FIRST NAME	MIDDLE INITIAL	on vort 30, 2013 Sloan, Jr.
Address		latic
	SS# or TRS Retirement # is required.	Assetip Cair Ite—
GREA MEMBERSHIP FORM EMAIL	Phone #	ors Pr 20
☐ AUTOMATIC DUES ☐ \$24 ONE YEAR DEDUCTION (A.D.D.) ☐ \$360 LIFE	FOR OFFICE USE ONLY	Educat Membe Ship—S
My signature below authorizes TRS to deduct \$2.00/month from my TRS pension payment. This authorization TRS pension payment. This authorization TRS pension payment. This authorization	CONTROL#	gia Retired Edu 2012–2013 Mer Fellowship Membership Ju
will remain in effect until I choose to payable to GREA. terminate it by notice to Georgia Retired Educators Association.	DATE	5 - < `
Signature Date		Gee Name Mary Ann

LAST NAME FIF	RST NAME	2012–201
LAST NAME FIF	ST NAME	MIDDLE INITIAL
Address		SS# or TRS Retirement # is required.
City	State Zip	Phone #
GREA MEMBERSHIP FO	ORM EMAIL	
☐ AUTOMATIC DUES DEDUCTION (A.D.D.)	☐ \$24 ONE ☐ \$360 LIFI	
My signature below authorizes TRS to deduct \$2.00/month from my	Send check with card to the addr	
TRS pension payment. This authoriza will remain in effect until I choose to	payable to GRE	
terminate it by notice to Georgia Retir	ea :	
terminate it by notice to Georgia Retir Educators Association.	ed Local Unit	DATE

Georgia Retired Educators Association 2012–2013 Membership Card

Name

Dr. William G. Sloan, Jr. Executive Director Membership July 1, 2012-June 30, 2013 Fellowship—Service—Support

Mary Ann McDaniel President, 2012–2013