				2021-2022
LAST NAME	FIRST NAME	MIDI	MIDDLE INITIAL	
Address				
City	State	Zip	Ph	none #
EMAIL				
AUTOMATIC DUES D # SS# or TRS Retirem		□ \$27 ONE YEAR □ \$360 LIFE Send check with this	FOR OF	FICE USE ONLY
My signature below au deduct \$2.00/month f payment. This authoriz effect until I choose to to Georgia Retired Edu	rom my TRS pension cation will remain in terminate it by notice	card to the address	C	CONTROL#
		Local Unit/County		DATE
Signature	Date		1	

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sociation Georgia 202

Name

2022 Support June 30, Service 2021 Membership July Fellowship

Nebsite: garetirededucators.org Henrietta

Sloan,

G

William

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