

Gwinnett County Retired Educators Association

2011-2012 GCREA Year

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ School Cluster \_\_\_\_\_

New member \_\_\_\_ Renewal \_\_\_\_ Life Member \_\_\_\_

**OPTION 1****Gwinnett Automatic Dues Deduction**

My signature below authorizes GRS (Gwinnett Retirement System) to deduct \$1.67/month from my GRS pension payment. This authorization will remain in effect until I choose to terminate it by notice to the Treasurer of Gwinnett County Retired Educators Association.

I understand that this service is provided as a convenience for GCREA and its members by the Gwinnett Retirement System and that GRS assumes no responsibility for my membership in GCREA. **All membership issues and transactions, including refunds, remain the sole responsibility of the GCREA.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ (for GRS/ADD only)

*Send this form to GCREA Treasurer.***OPTION 2**

\$20/year

\$160/Lifetime

*Send this form with  
check to GCREA  
Treasurer.*

**Treasurer  
Beverly Dryden  
GCREA  
253 Old Timber Road  
Lawrenceville, GA  
30046  
770-963-6180**

For GCREA Office Use  
Only

ADD Form sent to GRS

\_\_\_\_\_ Date