

Arlington County Retired Employees Association, Inc.

Membership Form



P. O. Box 5122, Arlington, VA 22205

Email - acreainc@gmail.com Website - www.ACREAINC.org

Name: _____ Date: _____
(Please Print)

Home Address: _____

Telephone: _____ Email Address: _____

Agency Retiring From: _____ Year I Joined ACREA _____
(If not sure, approximate)

(Please check all that apply)

Retirement System you retired under

Chapter 21 (Hired before 02/08/1981) Chapter 46 (Hired after 02/08/1981) Chapter 35 (Schools)
Year Retired _____ Year Retired _____ Year Retired _____

New Member Application Pay My Dues Information Update (Current Members)

Annual Dues \$10.00 – I am paying for year(s) _____ Lifetime Membership \$100.00

Luncheon RSVP (Number attending) _____) - Check Enclosed - Will Pay at the Door

Total Amount Enclosed \$ _____ (Make checks payable to ACREA)

The first year dues and one luncheon are free for new members including those in the DROP Program.

1. I prefer that all ACREA correspondence be sent to my mailing address listed above:
2. I prefer that all ACREA correspondence be sent to my email address listed above:
3. I authorize that my information can be published in the Membership Directory: Yes No
4. I am interested in serving on the ACREA Board and/or have special skills to offer, please contact me.

Comments: _____

Administrative Use Only

Amount Received: \$ _____ Check No. _____ Date on Check: _____

Database Updated: Date: _____ Initials: _____