

## Oklahoma Retired Educators Association P. O. Box 18485 \* Oklahoma City, OK 73154

For just \$3.50 per month, join the only organization with the sole purpose of improving the lives of Oklahoma's retired educators or their surviving beneficiaries.

## 2024-25 OREA Membership Enrollment Form

The OREA membership year runs from September 1, 2024 through August 31, 2025.

Please select below the desired category of OREA membership: "Continuous" or "Annual." REQUIRED:

## **OREA (State) - Select One**

**OREA "Annual" (\$42.00**, payable by check or money order to **OREA**.)

**\_\_OREA "Continuous" (\$3.50** per month, withheld from your Teachers' Retirement System benefit. Your signature and Social Security number are required by TRS at the bottom of the enrollment form for continuous membership.)

The following section must be completed for all categories of membership. Please print.

Name			
Address			
City	State	Zip	County
Cell Number	E-mail Address		
same to the Oklahoma in effect until cancelled	Retired Educators Associa	tion for payment A. I understand t	ct \$3.50 each month from my benefit check and remit of membership dues. This authorization is to remain his is a voluntary authorization and my receiving a Only Last 4 digits of Social Security Number
Signature		Date	(Required by TRS for "Continuous") XXX-XX-1234
	R MEMBER, YOU N I (Optional) - Select On		OREA MEMBER.
	<b>Retired "Annual" (\$35</b> ot be withheld from your		check or money order to <b>OREA</b> . NEA-R dues rement System benefit.)
			payment by check or money order to <b>OREA.</b> Teachers' Retirement System benefit.)