

FAIRFAX COUNTY RETIRED EDUCATORS ACTIVE MEMBERSHIP PLEASE PRINT!!!!!!

Name— Mr. Mrs. Ms. Dr. _____
First Middle Initial Last Suffix (Jr., Sr. II)

Address— _____
Number Street, road, parkway, avenue, court, etc. Apt. # or Suite

City— _____ State— _____ Zip Code _____ - _____ Country _____
(5 digits) (4 digits)

Home Phone-() _____ - _____ Nickname- _____ Join Date _____
Area code

Retirement Date: (Month, Date, and Year)- _____ Email Address- _____

Last School System Worked For— _____ Last School or Office _____

Dues are \$25-1 year; \$67.50—3 years

Leave This Section Blank
MID# YR.

Clip this form and mail with your dues to:
FCRE MEMBERSHIP
P.O. BOX 75
FAIRFAX, VA 23038-0075