

# FREA State and Local Unit Membership Application

Annual FREA Membership \$45.00	
<input type="checkbox"/> New Membership <input type="checkbox"/> Renewal of Membership	<input type="checkbox"/> <b>General Member (AMBA)</b> Retired from Education System as: (Circle One): Educator/Administrator/Transportation/Maintenance/Food Service. Other:
FREA Benefits are fully available to ALL FREA members be they Regular or Associate.	<input type="checkbox"/> <b>Associate Member (AMBA)</b> Associate: Any person supporting the mission of the Association may apply for associate membership. All benefits are available, except for the ability to serve as a Unit Delegate and vote at the Delegate Convention
Circle One: Miss, Mrs., Ms., Mr., Dr., Other Your Name:	Date:
Mailing Address <span style="float: right;">Apt./Condo</span>	Telephone—Cell phone preferred (    )
City <span style="float: right;">County</span>	State <span style="float: right;">Zip</span>
E-mail address:	Your Month, Day and/or Year of Birth:
Retired From (Circle one): K-12 School, College, University Position <span style="float: right;">Year Retired</span>	Local FREA Unit (if known) If not, would you like info?

FREA is your advocate regarding your Pension and the future of education in the State of Florida. Would you like to support FREA's efforts on behalf of all present, and future Retired Educators, and other beneficiaries of the Florida Retirement System? This money will be used in a non-partisan way.

**Yes, I would like to support FREA's Legislative Advocacy: \$ 4.00**  
**FREA Annual State Dues \$35.00**

Please add \$5.00 (or other amount) to my total for the Florida Retired Educators Foundation to support future, present, and retired educators through Grants and Scholarships. \$ \_\_\_\_\_

Local Unit Name (If you belong to one) \_\_\_\_\_ Local Unit form is on back  
 Local Unit Dues \$ \_\_\_\_\_

**Total Enclosed \$ \_\_\_\_\_**

**Please make checks payable to: FREA**  
**Mail to: 8950 9th St. N. Suite 105—St. Petersburg, FL 33702**

<b>You can also Join Online <a href="http://www.frea.org">www.frea.org</a></b>	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
	Name on Card		Exp. Date    CVS Code 3 or 4 digit	
	Card Number		<input type="checkbox"/> Check here if you would like FREA to automatically renew your membership	



Questions? Please feel free to contact the FREA Office:  
 727-577-6400 or [info@frea.org](mailto:info@frea.org)

FREA Office Use Only
Check #
State:
Local:
Legis.
FREF
Total: