

Arlington County Retired Employees Association, Inc.

Membership Form

Name: _____ Date: _____
(Please print)

Home address: _____

Telephone: _____ Email: _____

Agency retiring from: _____ Year I joined ACREA _____

(Please check all that apply)

Retirement System you retired under:

- Chapter 21 (hired before 02/08/1981); year retired _____
- Chapter 46 (hired after 02/08/1981); year retired _____
- Chapter 35 (Schools); year retired _____

Membership type:

- Annual Dues \$10.00 – I am paying for _____ years. (Upon joining, attend your first luncheon for free.)
- Lifetime Membership \$100.00 (first luncheon is free.)

Luncheon:

- RSVP; number attending _____.
- Check enclosed; total amount enclosed (checks payable to ACREA):

- I will pay at the door.

You & ACREA:

- I prefer that all ACREA correspondence be sent to my email address above (choose this to help us save \$ and the environment).
- I prefer that all ACREA correspondence be sent to my mailing address above
- 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 #: _____ Date on check: _____

Database updated/date: _____ Initials: _____

ACREA | P.O. Box 2183, Vienna, VA 22183

Email: acreatnc@gmail.com | Website: www.ACREAINC.org

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