Fairfax County Retired Employees Association
Application for Membership

Name: _____

Mailing Address: _____

_____

Phone Number: _____

E-Mail Address:_____

Note: To receive the bi-monthly newsletter, Hot Flashes, a valid email address is required.

I retired from Fairfax County Government and from (Department or Agency):
_____

on (date of Retirement): _____ and wish to join the Fairfax County Retired Employees Association (FCREA).

Membership cost - LIFETIME - $50.00

Signature _____

Date: ____/_____/_____

Make Check Payable to: **FCREA** and mail to:
Bobbie Deegan
4316 Knott Street
Beltsville, MD 20705
301-937-7070

Links
FCREA Website
Email: FCREA99@gmail.com
FCREA Fact Sheet

Form Revised January 22, 2025