

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

Website: <https://retiredfairfaxcounty.com/>

Email: FCREA99@gmail.com

Form Revised 04/01/2019