

**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