

Last Name: _____ First Name: _____ MI: _____

Email: _____ Birthday:(M) _____ D) _____

Mailing Address: _____

City: _____ Zip: _____ Phone: _____

Would you like to be included in our FCREA Directory? (Members only, not shared) ☐ Y ☐ N

Circle all that apply

\$20 (1 Year) \$200 (Life) CASH CHECK (# _____)

Make checks payable to FCREA. Checks may be brought to meeting or mailed to:
FCREA, POBOX 202, Fayetteville, GA 30214

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