

Fill out this card to
join NCRGEA!

Associate Member Full Name _____

Address _____ City _____

State _____ Zip Code _____ Telephone Number _____

Date of Birth _____ Social Security # _____

Full Name of your Spouse who is currently a member of NCRGEA:

Are you currently enrolled in NCRGEA's MetLife Dental and/or Superior Vision plan
through your spouse?

Yes _____ No _____

Membership Dues Amount	Yearly Dues	Monthly Deduction
Associate Member - Spouse of Current Member	\$20.00	N/A

Signature _____ Date _____

To join NCRGEA as an Associate Member, please fill out the information on this card. Cut out the enrollment card and mail it with your \$20 check or money order made payable to NCRGEA, PO Box 10561, Raleigh, NC 27605.

The payroll deduction option is not available to Associate Members of NCRGEA.

Upon receipt of your payment, we will mail a membership card and new member packet to you.

Questions? Call 919-834-4652 or 1-800-356-1190 or email joannt@ncrgea.com