



TREA Lifetime Membership Record

Please complete both sections and return to TREA Headquarters

Life Number _____ SSN _____ - _____ - _____ Amount Paid \$ _____

Name _____ Date of Birth _____ / _____ / _____

Address _____

City _____ State _____ Zip _____

Office Copy, Please Return to TREA Headquarters

In the event of the death of this TREA Life Member please send a certified copy of the Member's Death Certificate, a Contact's Name, Address and Phone Number to: **TREA Headquarters, 1111 S. Abilene Court, Aurora, CO 80012. For assistance, please call 1-800-338-9337 or email: members@trea.org**

Election of Beneficiary of TREA Life Membership Dues

Upon my passing, please donate my Life Membership Dues to:

- TREA Building Fund to help TREA grow.
- TREA Scholarship Fund to help sponsor the education of our youth.
- TREA Memorial Foundation to help those in need.

Signature _____ Date _____ / _____ / _____

OR

Please return my Life Membership Dues to the Beneficiary designated below:

Full Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____ / _____ / _____



TREA Lifetime Membership Record

Please complete both sections and Keep for Your Records

Life Number _____ SSN _____ - _____ - _____ Amount Paid \$ _____

Name _____ Date of Birth _____ / _____ / _____

Address _____

City _____ State _____ Zip _____

Life Member's Copy Keep for Your Records

In the event of the death of this TREA Life Member please send a certified copy of the Member's Death Certificate, a Contact's Name, Address and Phone Number to: **TREA Headquarters, 1111 S. Abilene Court, Aurora, CO 80012. For assistance, please call 1-800-338-9337 or email: members@trea.org**

Election of Beneficiary of TREA Life Membership Dues

Upon my passing, please donate my Life Membership Dues to:

- TREA Building Fund to help TREA grow.
- TREA Scholarship Fund to help sponsor the education of our youth.
- TREA Memorial Foundation to help those in need.

Signature _____ Date _____ / _____ / _____

OR

Please return my Life Membership Dues to the Beneficiary designated below:

Full Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____ / _____ / _____