

Coalition Of Retired Employees of the Ohio Education Association

CORE

Membership Information Form

Please complete all information and return to:

Jim Prater
2000 Malvern Rd.
Columbus, OH 43221

Retiree First Name

Retiree Last Name

Spouse First Name

Spouse Last Name

Address Line 1

Address Line 2

City

State

Zip Code

Email Address

Retirement Date

Retiree Birthday

Spouse Birthday

Phone Number

Are you receiving Medicare Supplement from OEA _____? If so what is the monthly payment if any? \$

Active Retiree Member _____ Associate Member _____

Annual Dues \$20. Make checks payable to CORE of OEA.
Membership year is January 1 – December 31

Signature

Date