RETIRED EMPLOYEES OF SAN DIEGO COUNTY, INC. (RESDC)

MEMBERSHIP APPLICATION

☐ **Retired Employee Membership**

I, the undersigned, receive a retirement and/or survivors allowance from the San Diego County Employees Retirement Association (SDCERA). I hereby authorize SDCERA to deduct from my monthly retirement benefit $5 per month for my membership in the Retired Employees of San Diego County, Inc. (RESDC) and to pay such deductions monthly to RESDC. This authorization shall continue until revoked by me.

☐ **Sign up for e-delivery of your documents & monthly newsletter.**

NAME*: _____ _____ _____

First *MI* *Last*

LAST 4 OF SOC. SEC. #**:_____

EMAIL: _____

PHONE*: _____

☐ *Cell* ☐ *Home* ☐ *Work* ☐ *Other*

ADDRESS *:

CITY*: _____ STATE*: ___ ZIP*: _____

DEPARTMENT: _____ RETIRED DATE: _____

SIGNATURE*: _____ SDCERA-3350

*Required

**Required for deduction of dues

Please fill out form, sign, and mail to:
RESDC
3760 Convoy St., Suite 118
San Diego, CA 92111

For questions, please contact the RESDC office at (619) 688-9229, toll-free at (866) 688-9229, or by email at resdc@resdc.net. Our office hours are Monday - Friday, 9 am - 2pm.