



APPLICATION FOR ASSOCIATE MEMBERSHIP

I wish to apply for Associate Membership in the Retired Employees Of San Diego County, Inc. and agree that I will pay the current dues for the Association on an annual basis. I understand that this type of membership does not entitle me to vote or to hold office in the Association. This membership shall remain in effect until revoked by me.

FIRST NAME: _____ MIDDLE INITIAL: _____

LAST NAME: _____ GENDER: _____

SOC. SEC. #: _____ TELEPHONE # () _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY DEPARTMENT YOU WORK FOR: _____

EMAIL ADDRESS: _____

**PLEASE FILL OUT, PRINT, AND INCLUDE A \$12.00 CHECK PAYABLE TO RESDC
FOR YOUR YEARLY MEMBERSHIP DUES AND MAIL TO:**

RESDC
8825 AERO DRIVE, SUITE 205
SAN DIEGO, CA 92123