



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.

I am an active or deferred San Diego County or Superior Court employee, or a non-County-affiliated spouse of a current RESDC member. I have enclosed a check made out to RESDC for \$60 annual Associate Membership.

*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.*