



**APPLICATION FOR GENERAL MEMBERSHIP
& AUTHORIZATION FOR DEDUCTION OF DUES**

I, the undersigned, receive a retirement and/or survivors allowance from the San Diego County Employees Retirement Association. I hereby authorize SDCERA to deduct from my monthly retirement benefit one-twelfth of the official annual dues (**\$5.00**), as on file with SDCERA, for my membership in the Retired Employees of San Diego County, Inc. and to pay such deductions monthly to RESDC. This authorization shall continue until revoked by me.

\$5.00 per Month

FIRST NAME: _____ MIDDLE INITIAL: _____

LAST NAME: _____ GENDER: _____

SOC. SEC. #: _____ RETIREMENT DATE: _____

DEPARTMENT RETIRED FROM: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE # (_____) _____

E-MAIL ADDRESS: _____

SIGNATURE: _____ SDCERA-3350

PLEASE PRINT, SIGN, AND MAIL TO:

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