



**APPLICATION FOR
RETIRED EMPLOYEE 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 \$5 per month 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.

NAME*: _____
 First *MI* *Last*

LAST 4 OF SOC. SEC. #**:

EMAIL: _____

PHONE*: (____) _____ (____) _____
 Cell Home Work Other Cell Home Work Other

ADDRESS*: _____

CITY*: _____ STATE*: ____ ZIP*: _____

DEPARTMENT: _____

RETIRED DATE: _____

SIGNATURE*: _____ SDCERA-3350

*Required
**Required for deduction of dues

**Please print, fill out form, sign, and mail to:
RESDC
8825 Aero Drive, Suite 205
San Diego, CA 92123**

*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.*