



Send
COMPLETED form to:

CSDREA
1286 University Ave., #396
San Diego, CA 92103
OR EMAIL TO
membership@csdrea.org

APPLICATION TYPE:

New Member

Change in Personal Info

PERSONAL INFORMATION

First Name	M.I.	Last Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number <u>XXX-XX-</u>	
Birthdate (MM/DD/YYYY) <u> / / </u>		Marital Status <u> </u>
Agency Retired from: <input type="checkbox"/> City <input type="checkbox"/> Port <input type="checkbox"/> Airport Authority		Retirement Date <u> </u>

CONTACT INFORMATION

Address	
City	State Zip
Phone	Cell Phone
Fax	E-Mail

<p>Dues Monthly dues are \$2 per month, taken through Pension Deduction. (Payroll Deduction Authorization Form Required)</p>	<p>Are you willing to volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Signature

Date

I wish to be a member of the City of San Diego Retired Employees Association. I understand that I will be responsible for my dues and will pay them either through a pension deduction or an annual payment. I also understand that dues paid to CSDREA are not deductible as charitable contributions.

PLEASE NOTE: YOU MUST SUBMIT A COMPLETED PAYROLL DEDUCTION AUTHORIZATION FORM WITH THIS APPLICATION. YOU CAN OBTAIN THIS FORM ON OUR WEBSITE WWW.CSDREA.ORG