



Send
COMPLETED form to:

SDPEBA
9620 Chesapeake Dr. #104
San Diego, CA 92123
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** _____ - ____ - ____	
Birthdate (MM/DD/YYYY) ____/____/____	Marital Status _____	
Agency Retired from: <input type="checkbox"/> City <input type="checkbox"/> Port <input type="checkbox"/> Airport Authority	Retirement Date _____	

**SDCERS requires REA to use a full SSN to initiate a pension deduction. If you prefer, you may write 'Please Call' on that line and one of our staff members will reach out to you directly to obtain the information.

CONTACT INFORMATION

Address	
City	State Zip
Phone	Cell Phone
Fax	E-Mail

Dues

Current dues are \$3 per month, taken through Pension Deduction.
(Pension Deduct. Authorization Form Required)

Are you willing to volunteer?

Yes

☐

No

☐

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 REA are not deductible as charitable contributions.

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

Inquiries: Call REA's Membership Services Team @ SDPEBA: 888-730-4935