

APPLICATION TYPE:

Send



COMPLETED form to: SDPEBA

9150 Chesapeake Dr. #220

San Diego, CA 92123

OR EMAIL TO

[membership@csdrea.org](mailto:membership@csdrea.org)

New Member Change in Personal Info

PERSONAL INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | M.I. | Last Name | |
|  | Social Security Number\*\* - - | | |
| Birthdate (MM/DD/YYYY) |  | | |
| Agency Retired from: City Port 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: 888-310-8027