

**San Diego Education Association-Retired**  
*Life Time Learners ...Life Time Professionals*



**Enrollment form for "New" Annual or Lifetime or "Renewal" Dues:**

To join, enclose this form with a check or money order made payable to "SDEA-Retired" and mail to SDEA-Retired, P.O. Box 880282, San Diego, CA 92168-0282.

Name \_\_\_\_\_  
(last) (First) (Middle Initial)

Address \_\_\_\_\_ e-mail address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number(s) Home \_\_\_\_\_ Cell \_\_\_\_\_

Date Retired \_\_\_\_\_ District retired from \_\_\_\_\_

District sites worked at: \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_.

I am a new member.

I am renewing my membership.

Annual Dues Payment\*  
SDEA-Retired \$20.

Lifetime Dues Payment:  
SDEA-Retired \$150.

Monthly Deduction from CalSTRS  
Pension Check: Must fill out and sign below  
\$1.25 monthly

Pre-retired Subscriber:  
\$150.

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**CalSTRS Enrollment form:** Only for those selecting monthly deductions from CalSTRS Pension Check: I hereby authorize the California State Teachers Retirement System to deduct my SDEA-Retired Annual Retired membership dues from my monthly retirement benefit check. **I understand that CalSTRS will forward such authorized deductions to SDEA-Retired for processing, if necessary.** SDEA-Retired dues may be increased or decreased without additional authorization from me. This authorization is to remain in force from year to year until revoked or revised by me in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_ \*Social Security Number \_\_\_\_\_

\*Social Security number required by CalSTRS.