

SAN DIEGO STATE UNIVERSITY RETIREMENT ASSOCIATION
5250 Campanile Dr., Gateway 3528, San Diego, CA 92182-5000

MEMBERSHIP 2015-2016
DUES and DONATION INFORMATION

Date ____/____/____

Name _____
last first birthday: month and day

Spouse/Partner/Second Party (member of household)

_____ last first birthday: month and day

#1 Phone (____) _____ E-mail _____

#2 Phone (____) _____ E-mail _____

Address _____
street apt/unit

_____ city state zip + 4

Office, Department, or College Affiliation(s) as you wish displayed in MEMBER DIRECTORY:

Dates of employment: from _____ to _____

**Required Membership Fee for SDSU (or Auxiliary) Retiree,
Surviving Spouse/Partner, or Active Employee \$30.00**

**In addition to my dues, I would like to support
the following tax deductible fund(s):**

***SDSU Retirement Association Scholarship Endowment Fund \$ _____**

SDSU Retirement Association Scholarship Fund \$ _____

TOTAL ENCLOSED \$ _____

Please complete this form, make your check payable to the SDSU RA, and return to the address noted above.

**(Interest and earnings from the Endowment Fund transfer to the Scholarship Fund)*