



Update Member Information Form

San Diego Fire Relief Association
 10509 San Diego Mission Rd. Ste. F San Diego CA 92108
 Phone (619)281-0354 (option 2)
 Fax (619) 281-8325
 mail@sdfra.org

Member Information

Last Name, First Name, MI		Date of Hire:	Date of Retirement:
Address:		City:	State: Zip:
Gender: M F	DOB:	Academy Number:	
Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widow(er) <input type="radio"/> Domestic Partner			
Primary Phone: <input type="radio"/> Home <input type="radio"/> Cell	Secondary Phone: <input type="radio"/> Home <input type="radio"/> Cell	Primary Email:	

Spouse/Domestic Partner Information

Full Name:	Spouse		Domestic Partner
Gender: <input type="radio"/> M <input type="radio"/> F	DOB:	Primary Phone: <input type="radio"/> Home <input type="radio"/> Cell	Occupation:

Dependent Information

Dependent's Full Name:	Gender: <input type="radio"/> M <input type="radio"/> F	DOB:
Dependent's Full Name:	Gender: <input type="radio"/> M <input type="radio"/> F	DOB:
Dependent's Full Name:	Gender: <input type="radio"/> M <input type="radio"/> F	DOB:

Authorization and Designation

I certify I have listed only people on this Membership Enrollment form that qualify as my spouse or my dependent for federal income tax purposes or court order. I further acknowledge that SDFRA has a responsibility to periodically validate this information is true and accurate and that I will willing provide supporting documentation within 30 days if requested by SDFRA to complete a good faith audit.

Member Signature

Print Name: _____
 Signature: _____ Date: _____

Member ID: _____ Electronically Filed by: _____