



Update Member Information Form

San Diego Fire Relief Association
10509 San Diego Mission Rd. Ste. F San Diego CA 92108
Phone (619)281-0354
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: Cell or Home	Secondary Phone: Cell or Home	Primary Email:	
Spouse/Domestic Partner Information			
Full Name:		Spouse	Domestic Partner
Gender: M F	DOB:	Phone Number:	Occupation:
Dependent Information			
Dependent's Full Name:			DOB:
Dependent's Full Name:			DOB:
Dependent's Full Name:			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 willingly provide supporting documentation within 30 days if requested by SDFRA to complete a good faith audit.			
Member Signature			
Print Name: _____		Date: _____	
Signature: _____		Date: _____	

Member ID: _____

Electronically Filed by: _____