



## 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 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: \_\_\_\_\_