

Please return this form to:
PHIL JONES 268-7714



IS CALLED BY HIS INITIALS AJ
**APPLICATION FOR MEMBERSHIP IN OR TRANSFER TO
SONS IN RETIREMENT, BRANCH 170**

A Non-Profit Public Benefit Corporation For Retired Men
Devoted to the Promotion of Independence and Dignity of Retirement

Please print the following information so we can help you become a part of SIR:

Augustus James A. J. DR. A. J. ROBIN
First Name Middle Initial or Name Last Name Suffix Nickname Wife's (or SO's) first name
12306 Wanderer Road Arbun 95602
Home address City ZIP Extension
SAME
Mailing Address (or "Same") City ZIP Extension
530 268-6900
Area Code Telephone Number
Birth Date 02 09 1957
mm dd yyyy
Email Address (in CAPITAL letters)
Wedding Anniversary 08 31 1997
mm dd yyyy

I was introduced as a guest at the luncheon meeting during the month of _____
I am retired from full time employment, and I am aware that regular attendance is essential for continued membership. I understand that I must attend at least one-half of the regular luncheon meetings (Ladies Day or Picnics and Holiday Luncheons are excluded) within the previous twelve consecutive month period, and I must not miss three consecutive regular luncheon meetings without having been excused by contacting the designated Branch Attendance person prior to the meeting date. If you will be attending a luncheon, notice must be received by noon the Saturday before the luncheon.

278-3089
RICHARD GREEN 10/14/16 _____
Sponsor's Printed Name Date Applicant's Signature

Sponsor's Signature Badge No.

☒ I am a new member <Check whichever applies> _____ I am transferring from Branch # _____

How did you hear about Sons In Retirement? _____

Supplying information about your former business or military connection will help us introduce you to new friends and make you aware of our many activities.

Clinical (Hospital) Pharmacist Dignity Health 1-27-2015
Former Occupation/s with Company or Organization mm dd yyyy
(Sierra Nevada Hospital)

A Branch official will contact you soon regarding the next step in the process.

Executive Committee acceptance date _____
Membership Chairman _____

Please continue to Activities and Interests on page 2