

## KETIREO: ILLNESS

## APPLICATION or TRANSFER FOR MEMBERSHIP IN SIR LAKE OF THE PINES – BRANCH 170

Please print clearly. Your	information will be used exc	clusively for Sons In Reti	rement purposes:
Pirst Name	G. GOV	<u> </u>	DAVE
First Name	Initial	Last Name	My friends call me (nickname?)
08 / 17 / 37 Date of Birth	08/31/2005 Date of Retirement	Spouse or Partner's First Na	me Date of Wedding Anniversary
23341 SUN	TERRACE CT.	AUBURN	<u> </u>
Home Street Address		City	Zip Code +ioui
Mailing Address (if differen	nt then home address)	City	Zip Code +four
530 - 268 - 9044 Home Telephone Number	Other Telephone Number	dsgove	@ sbcglobal.net
HEAVY CONST	MC71017		
Retired/semi-retired from what occupation, field of endeavor, organization?  Hobbies, interests?			
I am interested in the following SIR Activities: Golf Poker Fishing Travel Bowling Computer (Other)			
to the Membership Chairmanotified of acceptance and remembers. A friend that is a	nn. It will be presented to the	e Branch Executive Comm g month's first Wednesday or you or a sponsor will be	t this fully completed application ittee for approval. You will be luncheon for introduction to our assigned to you to introduce you
first Wednesday Luncheon I be there. As a condition of per calendar year and not m	Program. This reservation is ma	nde for you each month with your agree to attend a mit addition, you must notify	ld for you and your guests for the th the understanding that you will nimum of six luncheon programs the Attendance Chairman at least
Applicant's Signature	Sponsor & S	ignature and Badge Number	03/05/08 Luncheon Date Attended as a Guest
For Membership Committee Date presented to the BEC for Comments:	r approval//	Badge Number As	signed

Please present this completed application to your sponsor or bring it to the Luncheon at check-in table.