



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

APPLICATION FOR MEMBERSHIP IN (OR TRANSFER TO)

\_\_\_\_\_ Branch No. 170 Sons In Retirement, Inc.

APPLICANT, PLEASE PRINT THE FOLLOWING INFORMATION FOR THE RECORD:

Name HAGIN, WM Nickname (Call me) BILL Wife's first name RONNIE  
Address (Street, no., apt.) 11256 BOBOLINK WAY Phone 268-8381  
City FURNER CA Zip Code (nine digit) 95602 8058

I was introduced as a guest at the luncheon meeting on 9/3/01  
Date

10/19/18 Birthday 3/19/89 Wedding Anniversary hagins-hagan@Rome.com Email Address

I am retired from full time gainful occupation. I understand that attendance is important and that I may be dropped from the rolls if I miss three consecutive meetings or attend less than so n meetings in twelve months, without notifying the Attendance Chairman, giving a valid reason.

WM Hagin Applicant's signature 9/3/01 Date Robert Vanston Sponsor's signature 188 Badge No.

If this is an application to transfer from another Branch, please give Branch No. from which you are transferring:

Number \_\_\_\_\_

Former Business Connection:

Hobbies: \_\_\_\_\_

FOR MEMBERSHIP COMMITTEE CHAIRMAN:

Badge No. Assigned: 47 Date \_\_\_\_\_