



## APPLICATION FOR MEMBERSHIP OR TRANSFER SONS IN RETIREMENT

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

MEMBER  
5/4/05

LAKE OF THE PINES Branch 170  
Branch Name No.

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

JAMES L HEARNEY JIM SPAN  
Your first name Initial Last Name Nickname (Call me) Wife's or Partner's first name  
11633 BLUESHIRE CT WABANA 95602-8373  
Home Address (Street, No., Apt) City Zip Code

639 268 1677 JSHARRITY@SODENLINE.NET 3-1-35 2-7-76  
Mailing Address (if different than your Home Address) City Zip Code  
Tel. Area Tel. Number E-Mail Birth Date Wedding Anniversary

I attended a luncheon meeting on: 4-6-05 and I have retired from full time  
employment. I am aware that regular attendance is essential for continued membership.

[Signature] 4-6-05 [Signature]  
Applicant's Signature Date Sponsor's Signature Badge Number

☒ I am a new member.

☐ I am transferring from: \_\_\_\_\_  
Branch Number

The following information will help us introduce you to new friends and make you aware of our  
many activities.

Former Business Connection: ENG. COMMUNITY COLLEGE  
Occupation Company or Organization

Date you retired: 11-92

What are your Hobbies and Interests? GOLF

For Membership Committee Chairman:

Date: 5/4/05