

Please return this form to:



## APPLICATION FOR MEMBERSHIP IN OR TRANSFER TO SONS IN RETIREMENT, BRANCH \_\_\_\_\_

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:

TERREL B. JACKSON MR. LORETTA  
First Name Middle Initial or Name Last Name Suffix Nickname Wife's (or SO's) first name  
23358 SUTERRACE CT. Auburn 95602 -  
Home address City ZIP Extension  
" " " -  
Mailing Address (or "Same") City ZIP Extension  
530 268-9188 2 JAXUNS@ATT.NET  
Area Code Telephone Number Email Address (in CAPITAL letters)  
Birth Date 07 13 1939 Wedding Anniversary 06 06 1959  
mm dd yyyy mm dd yyyy

I was introduced as a guest at the luncheon meeting during the month of SEPTEMBER  
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 not be attending a luncheon, notice must be received by noon the \_\_\_\_\_ before the luncheon.

DENNIS CAMARLINGHI 9/11/16 \_\_\_\_\_  
Sponsor's Printed Name Date Applicant's Signature  
\_\_\_\_\_  
Sponsor's Signature Badge No.

☒ I am a new member ☐ I am transferring from Branch # \_\_\_\_\_  
<Check whichever applies>

How did you hear about Sons In Retirement? GOLF BUDDIES

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.

DRYWALL with Multiple 12 31 1996  
Former Occupation/s Company or Organization mm dd yyyy  
Date Retired

I prefer to receive my monthly copy of our Branch newsletter: Please check your selection

☒ Electronically ☐ By USPS first class mail (May entail an additional charge)

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

Executive Committee acceptance date \_\_\_\_\_ Badge No. assigned \_\_\_\_\_

Membership Chairman \_\_\_\_\_

Please continue to Activities and Interests on page 2