

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:

First Name			Last Name	Suffix	Nickname	Wife's (or SO's) first name
21245/						111100 (01 00 0) 11101 1101111
J631 - 196	dow Dr		Aubung		95602 ZIP	
Hollie au	uless		City	•	ZIP	Extension -
S'ame Mailing Address	(or "Same")	3.1/200 0	City	 -	ZIP	Extension
70 717-	9897	30/218-36	276	5	ANERICO	F PACBELL.
rea Code Tel	ephone Number	-			Zitidii yiddi daa fiir dy	3
Mailing Address 7/0 7/7- rea Code Tell inth Date 9 mm	dd d	1979 yyyy		Wedding Anniver	mm	<u>8</u> / 97-
nembership. I un Pay or Picnics an	iderstand that d Holiday Lun t not miss thre designated Bi	I must atten cheons are de e consecutive ranch Attend	id at least one excluded) with ve regular lund lance person j	-nait of the nin the prev cheon meet prior to the	regular lunched lous twelve con lings without ha meeting date.	wing been excused If you will not be
Sponsor's Print	ed Name	Dat	е	Sponso	or's Signature	Badge No.
× I am a new	/ member	<check td="" whiche<=""><td>ver applies></td><td> l am</td><td>transferring fro</td><td>m Branch #</td></check>	ver applies>	l am	transferring fro	m Branch #
low did you hear	about Sons I	n Retiremen	t?	From L	Don Cam	n eig
supplying inform ou to new frien					onnection will	help us introduc
Awaly5	tion/s	with	Company or Organization	n .	mm do	Y 200 Y yyyy
prefer to receive	my monthly o	copy of our E	Branch newsle	tter: Please	check your se	lection
Electronic	ally	B ₃	y USPS first c	lass mail (N	lay entail an ac	dditional charge)
Branch official	will contact yo	u soon rega	rding the next	step in the	process.	
xecutive Commi	ttee acceptan	ce date		_ Badge	No. assigned	
		Members	ship Chairman			