



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. _____ Sons In Retirement, Inc.

APPLICANT, PLEASE PRINT THE FOLLOWING INFORMATION FOR THE RECORD:

Name PHILIP JONES Nickname (Call me) Phil Wife's first name BARBARA
Address (Street, no., apt.) 12376 LAKESHORE NORTH Phone 530/268-7714
City AUBURN, CA Zip Code (nine digit) 95602-8126

I was introduced as a guest at the luncheon meeting on _____

_____ Date 2/6/30 8/22/59
Birthday Wedding Anniversary

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.

Philip Jones 2/26/99 Charles J. Wiseman 194
Applicant's signature Date Sponsor's signature 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: _____ Date _____

Form 2 (Rev. 12-19-98)