



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

LAKE OF THE PINES

Branch Name

Branch 170

No.

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

LYNDEN

R

LAIRD

LOIS

Your first name

Initial

Last Name

Nickname (Call me)

Wife's or Partner's first name

11830 LAKE SHORE N.

AUBURN

95602-8334

Home Address (Street, No., Apt)

City

Zip Code

Mailing Address (if different than your Home Address)

City

Zip Code

(530) 268-2622

LAIRDLNL@YAHOO.COM

4/12/42

7/8/99

Tel. Area

Tel. Number

E-Mail

Birth Date

Wedding Anniversary

I attended a luncheon meeting on: 2/2/05 and I have retired from full time
employment. I am aware that regular attendance is essential for continued membership.

Lynden R Laird

Applicant's Signature

Date

Sponsor's Signature

Badge Number

☐ I am a new member.

☒ I am transferring from:

116 - Walnut Creek

Branch Number

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

Former Business Connection:

Computer Program development

Occupation

Chevron

Company or Organization

Date you retired:

4/97

What are your Hobbies and Interests?

Golf, gardening, travel

For Membership Committee Chairman:

Date: _____