



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

APPLICATION FOR MEMBERSHIP IN (OR TRANSFER TO)

Lake of the Pines Branch No. 170 Sons In Retirement, Inc.

APPLICANT, PLEASE PRINT THE FOLLOWING INFORMATION FOR THE RECORD:

STEPHEN R. MICHALAK
Name

STEVE
Nickname (Call me)

MARY
Wife's first name

24198 ASH CT
Address (Street, no., apt.)

(530) 268-2419
Phone

AUBURN
City

95602 - 8215
Zip Code (nine digit)

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

4/17/37
Birthday

7/10
Wedding Anniversary

STEVENMICH@GEBRAT.NET
usemedia.tv
marymich@usa.tv.com
Email Address

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.

Stephen Michalak
Applicant's signature

10/4/02
Date

B. Keith Smith
Sponsor's signature

103
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:

CALTRANS

Hobbies: FLY FISHING, HUNTING, GOLF, COOKING

FOR MEMBERSHIP COMMITTEE CHAIRMAN:

Badge No. Assigned: 172 Date _____