

APPLICATION FOR MEMBERSHIP IN OR TRANSFER TO SONS IN RETIREMENT, BRANCH ____170

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:

WILLIAM First Name		R		NOROSTROM Last Name Suffix		Bic	W	WANDA	
						Nickname	White's (o	r SO's) tirst name	
246.4	Home address	VALE	A KD	Auguri	<u> </u>	91612 ZIP	 i	Extension	
	Same			·		٠	-		
Mailin	g Address (or *	Same")		City		ZIP		xtension	
949 Area Code	2-79- Telephon	e Number			WRNOR	Email Address (in C.	APITAL letters)	· COM	
Birth Date	<u>02</u>	02	1942 vivy		Wedding Anniversa	mm	/3 dd	2007 yyyy	
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by contacting	g the des	ignated B	ranch Atte	endance person	orior to the m	eeting date.	If you wi		
attending a	luncheon	, notice m	ust be rec	eived by noon th	e Saturday t	efore the lun	cheon.		
					MRN	92 Letes s Signature	_		
					Applicant	s Signature			
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Spon	sor's Printed Na	ne		Date	Sponsor's	Signature		Badge No.	
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How did you	ı hear ab	out Sons I	n Retirem	ent? Eu	yer cu	TIS			
				ner business or re of our many		nnection will	help us	introduce	
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			•			Date F	Refired		
A Branch of	ficial will o	contact yo	u soon re	garding the next	step in the p	rocess.			
Executive C	ommittee	acceptar	ice date						
•			Memb	ership Chairman					
		Please c	ontinue	to Activities a	nd Interest	s on page 2			
						. •			
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