

Please return this form to:



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:

<u>JOHN</u> First Name	<u>T.</u> Middle Initial or Name	<u>O'HALLORAN</u> Last Name	_____ Suffix	_____ Nickname	_____ Wife's (or SO's) first name		
<u>11917 TURKEY PINES</u> Home address		<u>AUBURN</u> City	<u>CA</u> State	<u>5602</u> ZIP	_____ Extension		
<u>SAME</u> Mailing Address (or "Same")		_____ City	_____ State	_____ ZIP	_____ Extension		
<u>530-268-4707</u> Area Code	<u>530-268-4707</u> Telephone Number		<u>JOHN.OELI@COMCAST.NET</u> Email Address (in CAPITAL letters)				
Birth Date	<u>10</u> mm	<u>1</u> dd	<u>1928</u> yyyy	Wedding Anniversary	<u>DEC.</u> mm	<u>2</u> dd	<u>1950</u> yyyy

I was introduced as a guest at the luncheon meeting during the month of JUNE 2018
I am retired from full time employment, and I am aware that regular attendance is essential for continued membership. I understand that I must attend at least one-half of the regular luncheon meetings (Ladies Day or Picnics and Holiday Luncheons are excluded) within the previous twelve consecutive month period, and I must not miss three consecutive regular luncheon meetings without having been excused by contacting the designated Branch Attendance person prior to the meeting date. If you will not be attending a luncheon, notice must be received by noon the _____ before the luncheon.

John T. O'Halloran
Applicant's Signature

<u>MARK</u> Sponsor's Printed Name	_____ Date	_____ Sponsor's Signature	_____ Badge No.
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I am a new member <Check whichever applies> I am transferring from Branch # _____
I WAS BIG SIR AT LOP FOR 2 YEARS
1999-2000 AT LOP

How did you hear about Sons In Retirement? _____

Supplying information about your former business or military connection will help us introduce you to new friends and make you aware of our many activities.

<u>CITY MANAGER</u> Former Occupation/s	with	<u>MT. VIEW, CA.</u> Company or Organization	_____ mm	_____ dd	<u>1989</u> yyyy
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I prefer to receive my monthly copy of our Branch newsletter: Please check your selection

Electronically _____ By USPS first class mail (May entail an additional charge)

A Branch official will contact you soon regarding the next step in the process.

Executive Committee acceptance date _____ Badge No. assigned _____
 Membership Chairman _____

Please continue to Activities and Interests on page 2