

APPLICATION or TRANSFER FOR MEMBERSHIP IN SIR LAKE OF THE PINES – BRANCH 170

Please <u>print clearly</u> . Your information will be used	exclusively for Sons in Retu	rement purposes:
ED Initial	REILLY Last Name	My friends call me (nickname?)
3 127 39 / 200 Date of Birth Date of Retirement		ne Date of Wedding Anniversary
11310 LAKE SHORE SO- Home Street Address	_	95202 - Zip Code +four
Mailing Address (if different then home address) 30 -268 - 1617 Home Telephone Number Other Telephone Number	SAREO 7 SAVEO 7	Zip Code +four @ VAHOO, COM iil Address F. Swim, TRAUE bies, interests?
Retired/semi-retired from what occupation, field of endeavor, o	organization? Hob	F. Swim, TRAUS bies, interests?
A requirement of membership is to attend one luncheon to the Membership Chairman. It will be presented to notified of acceptance and requested to attend the follow members. A friend that is already a Sir member may specto other Sirs and to help you get acquainted with our organ	program as a guest and submit the Branch Executive Commi ving month's first Wednesday onsor you or a sponsor will be	this fully completed application ittee for approval. You will be luncheon for introduction to our
A benefit of being accepted as a Sir is that a standing restirst Wednesday Luncheon Program. This reservation is be there. As a condition of retaining your SIR members per calendar year and not miss any three consecutively. two days in advance if you intend to be absent from any or	made for you each month with ship, you agree to attend a min In addition, you must notify t	n the understanding that you will himum of six luncheon programs
Applicant's Signature Sponsor's	S Signature and Badge Number	Luncheon Date Attended as a Guest
For Membership Committee Chairman Use: Date presented to the BEC for approval/ Comments:	Badge Number Ass	igned

Please present this completed application to your sponsor or bring it to the Luncheon at check-in table.