



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. _____ Sons In Retirement, Inc.

APPLICANT, PLEASE PRINT THE FOLLOWING INFORMATION FOR THE RECORD:

Name HARLAN S. PARKS Nickname (Call me) STEVE Wife's first name POLLY
 Address (Street, no., apt.) 12876 Lakeshore North Phone 530 268 3572
 City AUBURN CA Zip Code (nine digit) 95602-2157

I was introduced as a guest at the luncheon meeting on 11/3/01 and 11/01/00
 Date

Birthday 4/12/31 Wedding Anniversary 6/8/57 E-mail Address CEBRIDGE.NET
LOP PARKS @ FPS.NET

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.

Applicant's signature Harlan S. Parks Date 1/4/01 Sponsor's signature Thomas Steinert 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:

Hobbies: _____

FOR MEMBERSHIP COMMITTEE CHAIRMAN:

Badge No. Assigned: _____ Date _____