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

	print the following			ມ become a par	t of SIR:
Coa	Middle Initial or Name	Purall			Ballia
First Name	Middle Initial or Name	Last Name	Suffix	Nickname	Wife's (or SO's) first name
11259 LA	Keshore So.	Aubiah	N	35602 -	
Home	address	City		ZIP	Extension
Mallion Add	ess (or "Same")	City	· ·	ZÎP	Extension
-	, ,	City	8.00		
530 245 Area Code	7-/3 6-2 Telephone Number		DODU	ED CBO BB Email Address (in CAPITA	L letters)
Birth Date 15	27 5=	3	Wedding Anniversa	y <i>7</i>	12 20
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Sponsor's Pr	rinted Name	Date	Sponsor's	Signature	Badge No.
🗶 I am a ne	w member <che< td=""><td>eck whichever applies></td><td>l am tr</td><td>ansferring from I</td><td>Branch #</td></che<>	eck whichever applies>	l am tr	ansferring from I	Branch #
•	ar about Sons In Re	tirement? La		_	
Supplying info	rmation about you	•	·		la ua intraduas
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LAND DE D Former Occur	EOPEMENT_	Company or Organiza	tion	(30 dd	2005 Wyy
prefer to receiv	e my monthly copy	of our Branch news	letter: Please c	heck your select	iion
Electroni	cally	By USPS first	class mail (Ma	y entail an additi	onal charge)
A Branch official	will contact you so	on regarding the nex	d step in the pr	ocess.	
Executive Comn	nittee acceptance da	ate	Badge N	lo. assigned	
	M	embership Chairma		canama m	
	Please conti	nue to Activities :			

Form 2, Rev 01/23/12