

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

Please print clearly. Your information will be used exclusively for Sons In Retirement purposes:

D006		REA	·			-
First Name	Initial		Name		My friends call	me (nickname?)
AUG 128145	AU611	1.2006 Spo	SHARON		DEC1 2	711997
Date of Birth	Date of Retirer	ment Spo	ouse or Partner's Fir	st Name		ding Anniversar
12297 PUPA	AR RD	A	OBURN City		95602 Zip Code	
Home Street Address			City		Zip Code	+four
Mailing Address (if differ	ent then home address)		City		Zip Code	+four
30 - 258 - 203	n 408- 966	6- 7751 A	EA . DOUL LA	< @	& MAIL	Lacoor
30 - 2>8 - 30 3 Home Telephone Number	Other Telepl	hone Number		Email Ad	dress	
S ACTICORDUCTOR  Retired/semi-retired from	what occupation, field of	endeavor, organization	7	Hobbies,	interests?	
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