

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:

24718 ORC Home a SAME Mailing Address	OVALLEY RG	STENWICK Last Name AUBURN City		Wife's (or SO's) first name
SAME Mailing Addres		AUBURN City	9560 ZIP	Extension
SAME Mailing Addres		Gity	2117	Extension
				-
	ss (or "Same")	City	ZiP	Extension
530 26 Area Code To	9 - 2513 elephone Number		WSTENWI Email Addre	CK @ EARTH Linix ass (in CAPITAL letters)
Birth Date		V	Wedding Anniversary O8	01 1986
nin (dd yyyy		17)	n dd yyyy
period, and I mus by contacting the	t not miss three co designated Branch	ons are excluded) within insecutive regular luncher attendance person price received by noon the	eon meetings without or to the meeting d	out having been excused ate. If you will not be the luncheon.
Sponsor's Prin	ited Name	Date	Sponsor's Signature	Badge No.
How did you hea	r about Sons In Rei	tirement? Fom former business or m aware of our many ac	VARIOUS men	
-	•	Un: ON INTERNIC		Ol 1999 Odd yyyy
I prefer to receive	e my monthly copy	of our Branch newslette	r: Please check yo	ur selection
Electronic	cally	By USPS first clas	ss mail (May entail	an additional charge)
A Branch official	will contact you so	on regarding the next st	ep in the process.	
	ittee acceptance da	ate	Badge No. assig	ned
Executive Comm				
Executive Comm	•	lembership Chairman		
Executive Comm	M	embership Chairman		