



A Non-Profit Organization For Retired Men Devoted to the Promotion of Independence and Dignity of Retirement

APPLICATION FOR MEMBERSHIP IN (OR TRANSFER TO)

\_\_\_\_\_ Branch No. \_\_\_\_\_ Sons In Retirement, Inc.

APPLICANT, PLEASE PRINT THE FOLLOWING INFORMATION FOR THE RECORD:

GEORGE THORSEN

Name

\_\_\_\_\_ Nickname (Call me)

DIANE

Wife's first name

23058 BROADMOOR CT.

Address (Street, no., apt.)

268-7699

Phone

Auburn

City

95602

Zip Code (nine digit)

8360

I was introduced as a guest at the luncheon meeting on March, 2000

Date

Oct 3, 1928

Birthday

Sept 17

Wedding Anniversary

\_\_\_\_\_ E'mail Address

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.

George Thorsen 3-1-2000

Applicant's signature

Date

Wade Whipple

Sponsor's signature

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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: Golf

FOR MEMBERSHIP COMMITTEE CHAIRMAN:

Badge No. Assigned: 80 Date \_\_\_\_\_

Form 2 (Rev. 12-19-98)

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