



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:

WILKINSON JIM PAT
Name Nickname (Call me) Wife's first name

11585 INVERNESS WAY 2686695
Address (Street, no., apt.) Phone

AUBURN 95602-8249
City Zip Code (nine digit)

I was introduced as a guest at the luncheon meeting on 3/7/01
Date

4/9/44
Birthday

1/16/71
Wedding Anniversary

JWILKINSON@CHALLENGESALES.COM
Email 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.

[Signature] 3/30/01 Phil Jones _____
Applicant's signature Date Sponsor's signature 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: 25 Date _____