



Badge No. Assigned <u>63</u>

Date 10-12-00

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

APPLICATION FOR MEMBERSHIP IN (OR TRANSFER TO)

Branch No. _____ Sons In Reirement, Inc. Applicant please print the following information for the record: Name CABRAL Nickname (Call me) Vopul Wife's first name 7267/ CE dar Pines AUE (209) 586-6612 Address (Street, no., apt.) TWARD HARTE 95383 Zip Code I was introduced as a guest at the luncheon meeting on Oct 5 2000 Wedding Appiversary 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, without notifying the Attendance Chairman, or attend less than seven meetings in twelve months giving a valid reason. 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: No.____ Former Business Connection: Hobbies: Golf Lishing

For Membership Committee Chairman

FORM #2 (Rev. 3-92)