

15990 Ridgewood Dr.

Sonora, CA 95370

APPLICATION FOR MEMBERSHIP OR TRANSFER SONS IN RETIREMENT

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

Twain Harte

Branch 172

Form revised 1/0/2004

Please print the follo	owing informa	tion so we can hel	p you become a part	of SIR.	
LOSTER	T	PRUDR	Les	BAR	BARA
Your first name	Initial	Last Name	Nickname (Call me)	Wife's or Pa	rtner's first name
14995 h	DRNING	sside Dr.	SONORA	9	5370
Home Address	(Street, No., Apt)		City	-	Zip Code
SA	me-				
Mailing Address (if diffe	erent than your Hom	e Address)	City		Zip Code
209) 533-8	706		1-19-38	5	op 14
el. Area Tel. Number	_	E-Mail	Birth Date	We	dding Anniversary
employment. I at from the rolls is without notifying	n aware that re I miss three co the Attendan	egular attendance is onsecutive meetings, ce Chairman.	essential for continued or attend less that seve	members en meeting	hip and will be drop s in twelve months,
We request an an		•	ray expenses. Please see	attached	letter.
Teste	~ 7,12	yor 10-7-6 Date	4 Edwin Cil	nel!	83.
Applicant's Sign	ature	0 Date	Sponsor's Signature	Ва	dge Number
/ I am	a new memb	er	/ / I am transferri	ng from:	
				O	Branch Number
The following in activities.	formation will	help us introduce yo	ou to new friends and r	nake you a	aware of our many
Former Business	Connection:_	Pyre Pitte Occupation	City of S Company or Or	ecto ganization	Date you retired
Please indicate you // Computers // Travel // Live Theater		any of our current ad / / Digital Photogra // RV-ing / / Movies	11:	Golf Hiking Other	
F	or Membersh	ip Committee Cha			1-110
			Badge No. A		
Please mail this completed application along with			Date:		
our check for \$20 to		•			
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