



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

APPLICATION FOR MEMBERSHIP IN (OR TRANSFER TO)

NEW TWIN HARTS BRANCH Branch No. 172 Sons In Retirement, Inc.

Applicant please print the following information for the record:

DANIEL R SHEA Bob Debra
Name Nickname (Call me) Wife's first name

22695 SPRUCE DR 268 586-4886
Address (Street, no., apt.) Phone

TWIN HARTS 95383
City Zip Code

I was introduced as a guest at the luncheon meeting on Nov 93
Date

9-27-29 9-30
Birthday Wedding Anniversary

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 seven meetings in twelve months, without notifying the Attendance Chairman, giving a valid reason.

Daniel R Shea 1-7-94 _____
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:

SELF LIQUOR STORES

Hobbies: GOLF TRAVEL