Please return this form to: YOUR SPONSOR/MEMBERSHIP CHAIRMAN



## APPLICATION FOR MEMBERSHIP IN OR TRANSFER TO SONS IN RETIREMENT, BRANCH \_\_\_\_\_

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

Please print the following information so we can help you become a part of SIR:

| First Name                   | Middle Initial or Name | Last Name | Suffix                             | Nickname | Wife's (or SO's) first name |
|------------------------------|------------------------|-----------|------------------------------------|----------|-----------------------------|
| Home address                 |                        | City      |                                    | ZIP      | Extension                   |
| Mailing Address ( or "Same") |                        | City      |                                    | ZIP      | Extension                   |
| Area Code                    | Telephone Number       |           | Email Address (in CAPITAL letters) |          |                             |
| Birth Date                   |                        |           | Wedding Annivers                   | sary     |                             |
|                              | nm dd yyyy             |           |                                    | mm       | dd yyyy                     |

I was introduced as a guest at the luncheon meeting during the month of

I am retired from full time employment, and I am aware that regular attendance is essential for continued membership. I understand that I must attend at least one-half of the regular luncheon meetings (Ladies Day or Picnics and Holiday Luncheons are excluded) within the previous twelve consecutive month period, and I must not miss three consecutive regular luncheon meetings without having been excused by contacting the designated Branch Attendance person prior to the meeting date. If you will not be attending a luncheon, notice must be received by noon the \_\_\_\_\_ before the luncheon.

|  |   | Applicant's Signature           |                         |  |
|--|---|---------------------------------|-------------------------|--|
| Sponsor's Printed Name                                       | Date                                    | Sponsor's Signature             | Badge No.               |  |
| I am a new member  | <check applies="" whichever=""></check> | I am transferring from Branch # |                         |  |
| How did you hear about Sons Ir                               | Retirement?                             | $\sim$                          | . S                     |  |
| Supplying information about y<br>you to new friends and make |   |                                 | will help us introduce  |  |
| you to new menus and make                                    | you aware of our many                   | activities.                     |                         |  |
| Former Occupation/s v  | vith Company or Organization            | n mm                            | dd yyyy<br>Date Retired |  |
| prefer to receive my monthly co                              | opy of our Branch newsle                | tter: Please check you          | ur selection            |  |
| Electronically   | By USPS first c                         | lass mail (May entail a         | an additional charge)   |  |
| A Branch official will contact you                           | i soon regarding the next               | step in the process.            |                         |  |
| Executive Committee acceptance                               |   | Average in the set of           | d                       |  |
|  | ce date                                 | _ Badge No. assigr              |                         |  |