



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

~ Visit the SIR Website at sirinc.org ~

TAMALPAIS BRANCH

47

Branch name

Branch No.

I will be a new member

I am transferring from

Branch No.

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

_____	_____	_____	_____	_____	_____			
First name	Initial	Last name	Suffix	Nickname	Wife or partner given name			
_____			_____	_____	_____			
Physical address			City	ZIP	Extension			
_____			_____	_____	_____			
Mailing address (or "Same")			City	ZIP	Extension			
_____			_____	_____	_____			
Area code	Telephone number		Email address (in CAPITAL letters)					
_____	_____		_____					
Birth date -	m m	/	d d	/	Y Y Y Y			
_____	_____	_____	_____	_____	_____			
			Wedding Anniversary -	m m	/	d d	/	Y Y Y Y
			_____	_____	_____	_____	_____	_____

The following information will help us introduce you to new friends
and make you aware of our many activities.

_____	_____
Former Occupation(s)	Company or Organization

Our branch has many activities that may interest you. Tell us of your hobbies, activities and other interests so that the activity chairman/men can contact you ? _____

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.

_____	_____	_____	_____
Applicant's signature	Date	Sponsor's signature	Badge No.

The applicant will promptly hear from a Branch official regarding the next steps in the process.

* * * * *

Executive Committee acceptance date _____ Badge No. assigned _____

Return form to

Membership Chairman _____