



www.sirbranch89.org

APPLICATION FOR MEMBERSHIP OR TRANSFER SONS IN RETIREMENT

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

Santa Lucia Branch #89

Please complete the following information so we can help you become a part of SIR.

First Name MI Last Name Nickname
(call me) Wife/Partner's
Name

Home Address City

(____) _____

(Area Code) Telephone Number E-Mail

____ / ____ / ____

Birth Date

I attended a luncheon meeting on _____ and have retired full time employment. I am aware that regular attendance is essential for continued membership.

_____ / ____ / ____

Applicant Signature Date Sponsor Signature Badge Number

I am a new member. I am transferring from: _____
Branch Number

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

Former Occupation: _____

Position Company

____ / ____ / ____

Date you retired

What are your hobbies and interests?

For Membership Committee Chairman:

Badge No. Assigned: _____

Date: _____