

Form 2, Rev 8/7/08

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 ~

Branch	name	Brench No.
☐ I will be a new member	☐ I am transferring	fram
		Branch No.
Please print the following information so	we can help you become a	part of SIR:
First name Initial Last na	arve Sulfix Nickn	Wife or partner given name
Physical address	City	ZIP Extension
Mailing address (or 'Same')	City	ZIP Extension
Area code Telephone number	Email address (i	in CAPITAL (ellers)
Birth date - m.m. dd yyyy	Wedding Anniversary	- mm / dd / yyyy
Former Occupation(s) Our branch has many activities that may inte	erest you. Tell us of your hobb	eany or Organization
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