



Application HONORARY LIFE MEMBERSHIP

For Branch use in proposing a member for
Honorary Life Membership

To: President, Sons in Retirement, Inc.

Date - _____
MM/DD/YYYY

From: Branch Executive Committee

Send to: If your branch has an Area Representative, send directly to him, Otherwise send to the
Honorees Chairman at Form45Recipient@SIRInc.org

The Executive Committee of Branch No.- _____ hereby submits this application to have an
Honorary Life Membership conferred upon Sir * - _____

* Use member's full name including middle initial, if available. Nicknames are to be avoided. Please provide
member's personal information (address, telephone number etc.) using page 2 of this form.

This action, duly entered in the minutes of the committee, was considered and approved by a
two-thirds vote at its meeting on - _____
MM/DD/YYYY

The proposed Honorary Life Member has been an active member for five or more years and, during that time
has performed outstanding and exceptional service in furtherance of the purposes and objectives of Sons In
Retirement, Incorporated. The specific facts concerning his activities which the Branch Executive Committee
considers sufficient to justify the granting of this honor are set forth on separate page(s) which are attached. This,
and any other supporting documents are to be signed with the author's signature, printed name and position in
SIR. Electronically signed forms are suggested for email transmission.

There are now - _____ Members in this Branch. Of these, there are now - _____ Honorary
Life Members. Before submitting this form, confirm from the table in Policy 10 that the resultant total number
of Active Active Branch HLMs conforms with the revised rules.

Respectfully submitted,

Signed Big Sir or Branch Secretary _____
Printed Name Signature

Approved: _____ Area Representative Date _____

Approved: _____ Honorees Chairman Date _____

Approved: _____ President Date _____

Processed: Certifications Chairman Recv'd _____ Mailed _____

NOTE: The HLM Certificate, HLM Badge Order Form and HLM Gold Lapel Pin should be mailed to:

Name: _____ Email _____

Address _____

City _____ State _____ Zip Code _____

