



## SIR VISITOR REGISTRATION

**SIR's Mission is to improve the lives of our members through fun activities, luncheons and events while Making Friends for Life**

If You Print This File and Then Fill It With Pen, Please Print the Following Information Clearly

|            |         |           |          |                |
|------------|---------|-----------|----------|----------------|
|            |         |           |          |                |
| First Name | Initial | Last Name | Nickname | Partner's Name |

|                                |                 |            |
|--------------------------------|-----------------|------------|
|                                |                 |            |
| Home Address (Street #, Apt.)  | City, State     | Zip Code   |
|                                |                 |            |
| Mailing Address (If Different) | City, State     | Zip Code   |
|                                |                 |            |
| Area Code - Phone Number       | E- Mail Address | Birth Date |

How did you hear about SIR? \_\_\_\_\_

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I am a guest of: \_\_\_\_\_ (if applicable)

I understand and agree that a representative of SIRs may contact me and/or send information via email.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_