

Sertoma Membership Application

I hereby make application for membership in the _____ Sertoma Club.

Mr. Mrs. Ms.

(First)

(MI)

(Last)

Home Address: _____

(Street)

(City)

(State)

(Zip)

Tel: Res (_____) _____

Business (_____) _____

Fax (_____) _____

E-mail: _____

Date of Birth: ____ / ____ / ____

Spouse: _____

Name of Business: _____

Position/Title: _____

(Business Address)

(City)

(State)

(Zip)

Please check the manner in which you would like to receive correspondence:

Business Address

Residence

E-mail

Fax

Recruited by: _____

This application is accompanied by \$_____ in payment of the membership fee. I understand that I will be responsible for dues, and I agree to abide by the provisions of the Club Constitution and Bylaws.

Date

Applicant's Signature

TYPE OF MEMBERSHIP

Charter

Active

Transfer

Reinstated

Transfer/Life

Reinstated/Life

Corporate

This application is recommended
by Sertoman: _____

Date: _____

Approved by Classification and/or
Membership Committee (if applicable):

Approved by Club Board of Directors:

Date: _____

Signed: _____

Secretary