

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