

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 () _____

email: _____ 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 email 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 By-Laws

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