



SERTOMA MEMBERSHIP APPLICATION

I hereby make application for membership in the

Sertoma Club

MR. MRS. MS. _____
(First) (MI) (Last)

(Street) _____ (City) _____ (State) _____ (Zip) _____

Tel: Res () _____ Bus () _____ Fax () _____

E-Mail _____ Date of Birth _____ Spouse _____

Name of Business _____

(Business Address) _____ (City) _____ (State) _____ (Zip) _____

Position Title _____
Please check which way you would like to receive correspondence:

- Business Address Residence E-Mail Fax

This application is accompanied with a remittance of \$ _____ in payment of the membership fee. I understand I will be responsible for dues and I agree to abide by the provisions of the Club Constitution and By-Laws.

Date of Application _____ Applicant's Signature _____

- ### TYPE OF MEMBERSHIP
- Charter Transfer/Life
 Active Reinstated/Life
 Transfer Corporate
 Reinstated

This application is recommended by
Sertoman _____
Date _____
Approved by Classification and/or
Membership Committee (if applicable)

Date _____
Signed _____
(Secretary)

**** NOTE: RETURN APPLICATION TO THE CLUB IN WHICH YOU HAVE APPLIED**