



SERTOMA MEMBERSHIP APPLICATION

TYPE OF MEMBERSHIP

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Charter | <input type="checkbox"/> Transfer/Life |
| <input type="checkbox"/> Active | <input type="checkbox"/> Reinstated/Life |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Corporate |
| <input type="checkbox"/> Reinstated | |

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 _____

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

This application is recommended by

Sertoman _____

Date _____

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

Date _____

Signed _____
(Secretary)