



Membership Information Form

Club #: _____ Club Name: _____

District: _____ Region: _____

Signature of individual completing form: _____ Date: _____

Please select one of the following:

- Add Member
 - Life Member
 - Corporate Member
 - New Member
 - Rejoining Club
 - Transfer Member

- Delete Member
 - Deceased
 - Moved
 - Non-Payment of Dues
 - Other _____

- Change Member Information
Member ID# _____

Dr. Mr. Mrs. Ms. Miss _____ Nickname _____

Preferred Mailing Address: Home Work

Old Information

Street Address _____

City, State, Zip _____

Home Phone _____

E-Mail Address _____

Employer _____

Job Title _____

Work Address _____

City, State, Zip _____

Work Phone _____

Work Fax _____

Date of Birth ____/____/____ Spouse _____

New Member Signature: _____ Date: ____/____/____

Date approved by Membership Committee: ____/____/____ Secretary: _____

Recruited By: _____ ID#: _____

Use this form to Add Members, Delete Members or make Membership Changes. Do not send money with this form. The club will be billed for the \$20.00 processing fee. Membership becomes effective as of the date entered at Sertoma Headquarters. Send by Mail, Fax or E-mail.

Distribution
Sertoma Headquarters and one copy retained by club.