



Membership Information Form

Club #: _____ Club Name: _____

District: _____ Region: _____

Signature of individual completing form: _____ Date: _____

Please select one of the following:

Add Member

- Life 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

Street Address _____

City, State, Zip _____

Home Phone _____

Email Address _____

Employer _____

Job Title _____

Work Address _____

City, State, Zip _____

Work Phone _____

Work Fax _____

Date of Birth ____/____/____ Spouse _____

Old Information

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 email.

Distribution
Sertoma headquarters and one copy retained by club.