



Membership Information Form

Club #: _____ Club Name: _____

District: _____ Region: _____

City/State/Province: _____

Signature of individual completing form: _____ Date: _____

Please select one of the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> Add Member | <input type="checkbox"/> Delete Member | <input type="checkbox"/> Change Member Information |
| <input type="checkbox"/> Regular Member | <input type="checkbox"/> Deceased | Member ID# _____ |
| <input type="checkbox"/> Corporate Member | <input type="checkbox"/> Moved | |
| <input type="checkbox"/> Life Member | <input type="checkbox"/> Non-Payment of Dues | |
| <input type="checkbox"/> New Member | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Rejoining Club | | |
| <input type="checkbox"/> Transfer Member | | |

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

Preferred Mailing Address:	<input type="checkbox"/> Home <input type="checkbox"/> 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 ____/____/19____ Spouse _____		

New Member Signature: _____ Date: ____/____/20____

Date approved by Membership Committee: ____/____/20____ 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.