



Membership Information Form

Club #: 10912 Club Name: Sertoma Club of Venice

PRINTED name of individual completing form: _____ Date: _____

Please select one of the following:

Add 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

(Full Name) _____ (Nickname) _____

Date of Birth ___/___/___ Gender _____ Ethnicity _____

Preferred Address: Home Business _____
(company name)

Street Address _____

City, State, Zip _____

Primary Phone _____ Cell Home (landline)

Secondary Phone _____ Cell Home (landline)

Email Address _____

Occupation _____
(example: doctor, manager, mechanic, retired, etc.)

New Member Signature _____ Date ___/___/___

Date approved by Membership Committee ___/___/___

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 processing fees. 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.

Sertoma - 720 Main St., Floor 1 - Kansas City, MO 64132
Fax 816-333-4320 Phone 816-333-8300 Email info@sertoma.org

Name of Applicant: _____

Name of Sponsor: _____

Luncheons Attended: _____

Social Event Attended: _____

Work Project Completed: _____

Presented at the Board Meeting: _____

Date Approved _____ Payment of \$185.00 check # _____

Size of Shirt _____