

Sertoma Membership Application

I hereby make application for membership in the _____ Sertoma Club.

Mr. Mrs. Ms.

(First) (MI) (Last)

Home Address: _____
(Street)

(City) (State) (Zip)

Tel: Res () _____ Business () _____ Fax () _____

E-mail: _____ Date of Birth: ___/___/___ Spouse: _____

Name of Business: _____ Position/Title: _____

(Business Address) (City) (State) (Zip)

Please check the manner in which you would like to receive correspondence:

Business Residence

This application is accompanied by \$_____ in payment of the membership fee. I understand that I will be responsible for dues, and I agree to abide by the provisions of the Bylaws and Policy Statements.

PHOTOGRAPH RELEASE AND AUTHORIZATION - SUBJECT hereby releases SERTOMA and any associates, as well as any assignees, from any and all claims for damages for liable, slander, invasion of privacy or any other claim based on the photo release in the Club Manual.

Date Applicant's Signature

Recruited by: _____	Approved by Club Board of Directors: _____
Date: _____	Date: _____
Approved by Membership Committee (if applicable): _____	Signed: _____ Secretary