



SERTOMA MEMBERSHIP APPLICATION

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

I accept and subscribe to the provisions of the Club Constitution and By-Laws. I understand that \$1.50 of my International dues will go toward a subscription to SERTOMAN magazine.

Applicant (last, first, MI) _____ MR MRS. MS. (circle one)

Name of Business _____ **Title** _____

Telephone: Res. () _____ **Bus.** () _____ **Fax** () _____

Email Address: _____

Please send correspondence to my _____ **Business Address** _____ **Residence**

Applicant's date of birth _____ **Spouse** _____

Wedding anniversary date _____

Address: **Business** _____

Residence _____

Do you belong to any other service club? _____ **If so, state name** _____

Date of application _____ **Applicant's Signature** _____

TYPE OF MEMBERSHIP	
Charter	Associate
Active	Transfer/Life
Transfer	Reinstated/Life
Reinstated	Corporate

This application is recommended by
Sertoman _____
Date _____
Approved by Classification and/or Membership Committee (if applicable)
Approved by Club Board of Directors
Date _____
Signed _____
Secretary