



Sertoma Membership Application

First_____MI____Last_____

Street_____

City_____IL Zip_____

Phone_____

Date of Birth_____

Spouse_____

Occupation_____

I understand that I will be responsible for quarterly dues and I agree to abide by the provisions of the club bylaws and policy statements.

Signed_____

Date_____

Mail to: Sertoma Club of Springfield
P. O. Box 2471
Springfield, IL 62705-2471