CLEMSON SERTOMA CLUB

MEMBERSHIP APPLICATION

MEMBER INFORMATION • PLEASE PRINT

☐ Dr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Mr.

Preferred Mailing Address: ☐ Home ☐ Business

Full Name

Nickname

Mailing Address

City, State, Zip

Email

Date of Birth (MM/DD/YYYY)

Cell Phone

Home Phone

Work Phone

Company Name (if applicable)

Business Address (if applicable)

City, State, Zip

Spouse Name

OPTIONAL DEMOGRAPHIC INFORMATION

Occupation _____

Gender _____

Ethnicity _____

DUES & APPLICATION FEE

Clemson Sertoma Club dues: $115 per quarter

Application fee: $40

Make checks payable to Clemson Sertoma Club.

Return the application to your recruiter or bring it to the next meeting.

Dues are billed quarterly.

CLUB INFORMATION • TO BE COMPLETED BY CLUB REPRESENTATIVE

Clubs should retain a copy. ☐ *New* ☐ *Rejoin* ☐ *Transfer*

Club Name

Club #

Recruited By

ID #

Club Representative Completing Form (Please Print)

Date Approved

Note: *Clubs will be billed quarterly for member dues. Membership becomes effective on the date processed by Sertoma headquarters. Please remit a copy of this form by mail, email, or fax:*

Mail: Sertoma, Inc., 720 Main Street–FL 1, Kansas City, MO 64105 Email: infosertoma@sertomahq.org Fax: (816) 333-4320