



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