

SERTOMA MEMBERSHIP APPLICATION

Mr. Mrs. Ms. First _____ Middle _____ Last _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Emergency Phone _____

Email _____ Date of Birth _____

Business Name _____

Title/Position _____

Street Address _____

City _____ State _____ Zip _____

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 club bylaws and policy statements.

Signed _____ Date _____

Type of Membership: Regular _____ Transfer _____ Charter _____ Corporate _____

This application is recommended by _____ Date _____

Approved by Club Board of Directors: _____ Date _____

Benefits of Membership: Becoming a Sertoma member gives you the opportunity to volunteer locally, make new friends and professional connections, lead projects that make your community a better place to live, attend professional trainings, and have fun while doing it!

As a Sertoma member, you will join a local group of service-minded men and women who are doing local volunteer work to support your community. In addition, you will become a member of the international organization, Sertoma, Inc: a respected leader in communities across the nation in support to hearing health.

Please complete the above and mail this form with your \$40 check to:

Georgetown Sertoma, P.O. Box 853, Georgetown, TX 78627

For online, write the above information on the contact form below and submit payment by credit card or PayPal by clicking the donation tab above.