



SERTOMA INTERNATIONAL

Membership Information Form

Club #: 10754 Club Name LOVELAND SERTOMA CLUB

City/State/Province: Loveland, Colorado

Signature of individual completing form: _____ Date: _____

Please select one of the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> Add Member | <input type="checkbox"/> Delete Member | <input type="checkbox"/> Change Member Info |
| <input type="checkbox"/> Corporate Member | <input type="checkbox"/> Deceased | Member ID# _____ |
| <input type="checkbox"/> Rejoining Club | <input type="checkbox"/> Resigned | |
| <input type="checkbox"/> Transfer from | <input type="checkbox"/> Moved | |
| | <input type="checkbox"/> Non-Payment of Dues | |
| | <input type="checkbox"/> Other _____ | |

Please select one of the following: Dr. Mr. Mrs. Ms. Miss

Name _____ Nickname _____

Preferred Address: Home Work Old Information

<p>Street Address _____</p> <p>City, State, Zip _____</p> <p>Home Phone _____</p> <p>E-Mail Address _____</p> <p>Employer _____</p> <p>Job Title _____</p> <p>Work Address _____</p> <p>City, State, Zip _____</p> <p>Work Phone _____</p> <p>Work Fax _____</p> <p>Date of Birth _____ Spouse _____</p>		<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Recruited By: _____ ID # _____

Use this form to Add Members, Delete Members or make membership changes. Do not send money with this form. The club will be billed for the \$20.00 processing fee. Membership becomes effective as of the date entered at International Headquarters. Send by Mail, Fax or E-mail.

DISTRIBUTION
Headquarters

For Office Use Only
NMID _____ DOE _____ INT _____ Received _____