



MEMBERSHIP



APPLICATION



HEART OF TEXAS SERTOMA CLUB

To be considered for Active Membership, please completely fill out the application below.
(All information will be treated as confidential and will be used for Club purposes only)

SPONSORING MEMBER: _____

PERSONAL INFORMATION

Name: Mr. / Mrs. / Miss / Ms. _____

Address: _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

E-mail Address: _____

EMPLOYMENT INFORMATION

Retired: ___ Yes ___ No If Yes, When: _____ *If yes please let us know where from below:*

Place of Employment: _____

Position / Title: _____

Address: _____

Work Phone: (_____) _____ May we contact you at work ___ Yes ___ No

Work E-Mail Address _____

We would love to know more about you!
(This information would also be listed in the Club's Roster.)

Birth Date: _____ Married: ___ Yes ___ No If Yes, How Long _____

Spouses Name: _____ Their Occupation _____

Children If Any _____

Hobbies & Interests: _____

I hereby request to be considered for Active Membership in the Heart of Texas Sertoma Club. I also understand and agree to the responsibilities and requirements as well as enjoying the benefits and privileges of said membership.

Applicant Signature _____

Date _____

Please return this page to any of our members.