



## Willmar Sertoma Club

### Membership Request

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Membership Type:  Regular  Shared Business

Job Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Send Correspondence to:

Business  Residence

Applicant's Date of Birth: \_\_\_\_\_

Applicant's Spouse: \_\_\_\_\_

How did you hear about the Willmar Sertoma Club? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail to: Willmar Sertoma Club, PO Box 134, Willmar, MN 56201