



THE Richland Sertoma Club

**CLUB
MEMBER
PROFILE**
PLEASE PRINT OR TYPE

APPLICANT NAME _____ CLUB MEMBER SPONSOR _____
MEMBER SPONSOR ID# _____

HOME INFORMATION ~

Home Address (Street/City/State/Zip) _____
Home Phone _____ Home Fax _____
Email (Home) _____ Mobile # _____

WORK INFORMATION ~

Company _____
Position _____
Work Address (Street/City/State/Zip) _____
Work Phone _____ Work Fax _____
Email (Work) _____
Web Site _____

Send Club Bulletin and billing to Home Work

PERSONAL INSIGHTS ~

Birth City/State _____ Birth Date _____ Wedding Anniversary _____
Spouse's Name _____ Birth City _____
Children's Names and Birth Year _____
College(s) and Degree(s) _____
Hobbies and Passions _____
Self Description _____

Favorite Book(s) I have read _____

I hereby apply for membership in The Richland Sertoma Club of South Carolina and agree to the rules and regulations of the Club as set forth in the Constitution and By-Laws.

Date _____ Signature _____

Please mail this completed application along with a \$25.00 check to Patrick Mason, 4201 Blossom Street, Columbia, SC 29205.
Dues billed quarterly are \$95 including two lunch programs a month, plus \$25.00/year Sertoma Foundation Membership.