

Membership Application and Sponsor's Recommendation Form Serra Club of Saint Louis

name:			
Preferred Name:		Date of Birth:	
Home Address:	City:	State/Zip:	
Occupation:			
Work Address:	City:	State/Zip:	
Email:			
Where should Serra mail be se	nt? Home Work		
Home Phone:	Work Phone:		
Cell Phone:	Spouse's Cell Phone:		
Spouse's Name:	Preferred Name:	Date of Birth:	
Home Parish:	Pastc	or:	
Have you ever attended a Serra	a Meeting? Yes No		
Are you familiar with the aims	and objectives of the Serra Club of Saint Lo	ouis? Yes No	
Serra, attend meetings regular		If accepted, I pledge to maintain an active interest vice and to do my best to share the membership w tion.	
Signature:		Date:	
Pastor's Signature:		Date:	
To be filled out by the new me	mber's Serra Club sponsor:		
How long have you known this	candidate? Business Associatio	n Socially	
	I am vouching for the above name and that on in club activities, meeting attendance a	at a large part of this responsibility rests with me fond overall interest in Serra.	
Sponsor's Name:		Date:	
Chaplain's Recommendation: _		Date:	
Please mail or deliver to the VF	of Membership: Barb Hussey		

2141 Apple Hill Lane, St. Louis, MO 63122 – bhussey@prodigy.net – 314.960.2201