

## 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 sent	? Home Work			
Home Phone:	Work Phone:		-	
Cell Phone:	Spouse's Cell Phone:			
Spouse's Name:	Preferred Name:	Date of Birth:	_	
Home Parish:	Pasto	or:	_	
Have you ever attended a Serra N	Neeting? Yes No			
Are you familiar with the aims an	d objectives of the Serra Club of Saint Lo	ouis? Yes No		
Serra, attend meetings regularly,		If accepted, I pledge to maintain an active in rvice and to do my best to share the member stion.		
Signature:		Date:	_	
Pastor's Signature:		Date:	_	
To be filled out by the new meml	per's Serra Club sponsor:			
How long have you known this ca	ndidate? Business Association	on Socially		
	m vouching for the above name and the in club activities, meeting attendance a	at a large part of this responsibility rests with nd overall interest in Serra.	ı me for	
Sponsor's Name:		Date:		
Chaplain's Recommendation:		Date:		
Please mail or deliver to the VP o	f Membership: Dan Dykas			

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