



## Membership Information Form

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss \_\_\_\_\_

Preferred Mailing Address:

☐ Home ☐ Work

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_

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

Work Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

Work Fax \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse \_\_\_\_\_

Print & mail to:

Gallatin Sertoma Club, P.O. Box 873, Gallatin, TN 37066

OR

SAVE to your desktop and email as an attachment to  
[info@gallatinsertomaclub.org](mailto:info@gallatinsertomaclub.org)

**THANK YOU for your support!**