



Women's Sertoma Club OF VENICE, INC.

POST OFFICE BOX 1046
VENICE, FLORIDA 34284

Membership Application

Name: _____ Date: _____

Address: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Birthday: _____

E-mail address _____

Employer: _____ Occupation: _____

Member Sponsor: _____

Tell us about you! _____

Other Civic Affiliations/Organizations: _____

Committee Interest: _____

Date received: _____ Date installed: _____

Orientation date: _____ Big Sister: _____

Committee Assigned: _____

Cost: \$50.00 application/membership fee, then \$60.00 dues every 6 months due June 15 and December 15.

For additional information, contact Judi Mavilla, Membership Committee Chairman at 485-7578.