## SAINT SERRA CLUB OF LOUISVILLE MEMBERSHIP APPLICATION

Note: Please type or print informatioin

	Note.	i icase t	ype or print informati	OIII	
Last Name	First N	ame	Middle Initial	Nickname	Date of Birth
Marital Status Spouse name		Number of children		Applicant's approx age range	
Home address		_	City	State	 Zip Code
Mobile phone if you want it in the Directory for Members only.		Home phone		Parish	
Personal email address		Employer		Business Telephone Number	
Have you ever attended a St. Serra Meeting?  Yes  Do you know the aims and objectives of the St. Serra Club? Yes				No No	
active interest in Se	erra, and attend i develop my own	neetings	Serra Club of Louisvi s regularly, participat in vocation to service	te in the Club's vo	ocational
Signature				Date	
	SDON	ISOR'S	RECOMMENDATI	ON.	
How long have you l			Socially?		
Sponsors Pledge: part of the respon rests with me, I pl will encourage thi	Realizing that I a sibility for the c edge that wher s new member	m voucl andida s/he is to mair	ning for the above na te becoming a proc invited to join and ntain an active inter c Club's vocational	med candidate a luctive member inducted into mest in Serra, to	nd that a large of our Club nembership, I
Sponsor's Signature				Date	
	R∩/	ARD OF	TRUSTEES ACTIO	N	
Membership Commi		_			