



**BE
A PART OF
SOMETHING
BIGGER -**

**MAKE A
DIFFERENCE!**



OUR MISSION

To improve the quality of life for those impacted by hearing loss through education, fundraising, and support.

OUR VISION

To create communities of change under common leadership and with a common voice that will serve those in need.

OUR PURPOSE

To meet the needs of the community through volunteer service.

WHY HEARING HEALTH

Hearing loss affects a person's quality of life and potentially their safety. Become an ally, advocate, or educator and make a difference. When you join Sertoma, you become a part of a national family that works to improve the lives of those in need. ***Together, we can create a healthier hearing world.***

NEW MEMBER INFORMATION

(Mr.) (Mrs.) (Ms.) First _____ MI _____

Last _____ Nickname _____

Street Address _____

City _____ State _____ Zip _____

Phone # _____

Email _____

Date of Birth ____ / ____ / ____

Spouse _____

Occupation _____ Retired? Y / N

Business Name _____

Title/Position _____

Street Address _____

City _____ State _____ Zip _____

How did you learn about us?

Social Media Referral (Name) _____

Local Event/Fundraiser

Internet Search

TV/Publications/Radio

Other _____

The application is accompanied by \$ _____ in payment of the membership fee. I understand that I will be responsible for dues, and I agree to abide by the provisions of the club bylaws and policy statements.

Signed _____

Date ____ / ____ / ____

Type of Membership (Check One)

Regular Charter

Transfer Corporate

**CONTACT
US TODAY!**



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