



**USA Council of Serra International**  
**Member Profile and Sponsor Recommendation Form**

Email: Serra@serraus.org      Website: HTTP://www.serraus.org

Serra Club of _____	Club Number _____	District Number _____
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**Serran Biographical Information**

Title	Last Name	First	M.I.	Nickname
Home Address	1)	City	State	Zip
	2)	City	State	Zip
Business Information	Name	Position:		
	Business Address	City	State	Zip
Telephone	Home	Business	Fax	
Email	Home	Business		

*To which address would you like to receive the Serran magazine?      Home •      Business •*  
*Serrans age 35 and under date of birth is required. Do you want to receive the Serran magazine?      Yes •      No •*

**New Serran Family and Ministry Information**

Title	Spouse's Last Name	First	M.I.	Nickname
Is your spouse a member? Yes • No •		Birth Date (optional): Serran      Spouse		

Home Parish	Parish Name	What are you Parish Ministries?
	Pastor's Name	(Parish Council, Lector, Catechist, etc.)

*Membership in other Catholic, Civic, Professional service organizations or societies  
(Knights of Columbus, Knights and Ladies of the Holy Sepulcher, Knights of Peter Claver, NCCW, Rotary, Kiwanis, etc.)*

Serran	Spouse
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*Education (optional)*

Serran	Spouse
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Date Submitted	Received by Serra Club Officer		
Member-at-Large Application:      Yes •      No •	District Governor Notified		Orientation/Materials Mailed
Serran age 35 and under Application      Yes •      No •	Yes •      No •		Yes •      No •

Sponsor	Title	Last Name	First	M.I.
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