



SOROPTIMIST INTERNATIONAL OF BOISE NEW MEMBER APPLICATION

NAME: _____ **BIRTHDAY (Month/Day):** _____

NAME OF EMPLOYER/BUSINESS: _____

POSITION: _____

BUSINESS ADDRESS: _____

WK PHONE: _____ **E-MAIL:** _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____ **HM PHONE:** _____ **CELL:** _____

SPONSORED OR MENTOR: _____

Information for the Roster:

Spouse/Significant Other's Name: _____ **Anniversary:** _____

Other Organizations I Belong To: _____

Preferred Method of Communication: Email: _____ **Phone:** _____

TO BE COMPLETED BY MEMBERSHIP CHAIR

Induction Date: _____ *Dues Paid:* _____

Membership Chair (signed): _____

Sent to Board for Approval (date): _____ *Board Approval (date):* _____

Sponsor Notified (date): _____ *Copy Sent to Treasurer (date):* _____

TO BE COMPLETED BY TREASURER

Dues Statement Sent To Applicant (date): _____ *Date of Induction:* _____ *Amount:* _____

Amount Paid: _____ *Date Paid:* _____ *Check #:* _____ *Form 5008 Completed (date):* _____

COPIES TO (date): Roster Chair: _____ *Newsletter Chair:* _____ *Corres. Secretary:* _____