



SOROPTIMIST

Soroptimist International of Boise

Best for Women

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: _____

SPONSOR 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 : _____ Cor. Secretary: _____