

SOROPTIMIST INTERNATIONAL OF DESERT TUCSON

MEMBERSHIP APPLICATION

(Please type or print clearly)

APPLICANTS NAME: _____

Date: _____

I. BUSINESS INFORMATION:

Company Name _____

Official/Corporate Title _____

Company Address _____

Bus. Phone _____

Fax No _____

Business Email _____

II. PERSONAL INFORMATION:

Home Address _____

Zip _____

Phone _____

Spouse/SO Name _____

Preferred Mailing Address ___ Bus ___ Home _____

Personal Email _____

Date of Birth: Month _____

Day _____

III. PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION: (use other side if necessary)

Give a brief description of business _____

Describe in detail your executive level responsibilities including budget, supervisory, company policy making etc. _____

Professional licenses _____

Academic degrees _____

Designations _____

Awards & Honors _____

Membership in professional associations _____

Prior Soroptimist membership, when and where _____

MEMBERSHIP ON BOARDS OF DIRECTORS, ADVISORS, OR TRUSTEES: _____

OTHER COMMUNITY/CIVIC ACTIVITIES AND THE NATURE OF YOUR PARTICIPATION: _____

SPECIAL SKILLS, HOBBIES OR OTHER INTERESTS: _____

NAME OF PERSON SPONSORING YOU FOR MEMBERSHIP: _____

I am interested in membership in Soroptimist International of Desert Tucson. Upon notification of acceptance, I will promptly pay membership dues as they are billed to me. I further understand that regular attendance is part of membership. There is no objection on my part to my name appearing in the club monthly newsletter.

Date: _____

Signature of Applicant _____

MEMBERSHIP COMMITTEE USE ONLY

Date application received _____ Action by Board: Approved _____

yes _____

no _____

Date of Induction _____

Membership classification _____

Return application to:

Fran Marian

V.P./Membership Chair

P.O. Box 13317 Tucson, AZ 85732