

**SOROPTIMIST INTERNATIONAL OF DESERT TUCSON
MEMBERSHIP APPLICATION**

APPLICANTS NAME: (Please type or print clearly)

_____ Date : _____

I. BUSINESS INFORMATION:

Company Name: _____

Official/Corporate Title: _____

Company Address: _____

Bus. Phone: _____ Fax No: _____ Business Email: _____

II. PERSONAL INFORMATION:

Home Address: _____ Home Phone: _____

Date of Birth: Month/Day: _____ Spouse/Significant Other: _____

Preferred Contact Method: Bus Phone Home Phone Business email Personal Email

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 plus one-time administrative fee. There is no objection on my part to my name appearing in the club's monthly newsletter.

Signature of Applicant

Date

MEMBERSHIP COMMITTEE USE ONLY: Date received: _____ Board Approved Y N

Date of Induction: _____ Membership Classification: _____

Return application to: Fran Marian, V.P./Membership Chair, P.O. Box 13317, Tucson, AZ 85732