

SOROPTIMIST INTERNATIONAL OF NOVATO

Prospective Membership Application Form

Thank you for your interest in Soroptimist International of Novato. If you are a business or professional woman who wishes to improve the lives of women and girls in an atmosphere of support, friendship and fun, then joining Soroptimist may be right for you.

Club website: www.SoropNovato.org

Name:		
Home Address:		
City:	State:	Zip:
Phone: Home:	Cell:	Work:
Email Address (Required):		
Most Recent Occupation:		
Name of Employer:		
How long:	Last Year of Employment:	
Business Address (If Applicat	ole):	
City:	State:	Zip:
Birthday (Optional):	Partner (Optional)	:
Soroptimist International of N	ovato Sponsor, if any:	
Former Member: Yes N	o Previous Club Name: _	
Reason for Leaving:		
Please provide a brief paragra	ph about your professional/car	reer history:

How did you hear about Soroptimist International and/or our club?
Why are you interested in joining our club (what are you looking for in joining our club?)
How do you think you might contribute to our club?
Membership Dues ^(*) included: (Please make check payable to 'Soroptimist International of Novato')
Signature: Date:

Thank you for your interest in our club!

Please complete this form and include a check for membership dues, and mail to Membership, Soroptimist International of Novato, P. O. Box 1267, Novato, CA 94947

(*) Soroptimist International membership year is from July 1 to June 30. Annual Membership Dues are \$185. If paying for only half of the year from January 1 to June 30, the dues are \$90. Tax ID is 23-7290647