

Club Membership Application

I. Membership Information

Please select one: New Member Reinstated Member

Member Name: _____ Spouse _____

Preferred Mailing Address: _____ City _____ Zip _____

Business Phone: _____ Home Phone: _____

Cell Phone: _____ DOB(month & date) _____

Email: _____

Reinstated /Transfer Members Only: Member Number: _____ From Club # _____

II. Classification Information

Business Name: _____, Nature of Business _____

Business Address: _____ City _____ Zip _____

Job Title/Occupation: _____

III. Membership Dues

- July 1st- Dec. 31st \$150.00
- Jan. 1st- June 30th \$ 121.00

Meeting Location/Time: **Mondays at 12:00 noon at Max's Restaurant** (Board meeting last Monday of Month)

Meal Cost: **\$22.00 (Members try to arrive by 11:45am to check in and get salad)**

Please make checks payable to: **Soroptimist International of Auburn. (P.O. Box 4817, Auburn. Ca 95604)**

Date: _____ **Sponsor:** _____

Membership/Growth & Development & Treasurer Only

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| Member Check # | Date Inducted: |
| Date Check received | Confirm emblem pin available |
| Copies of Application to: | Date emblem pin received |
| Treasurer | Date name badge received |
| Roster Chair | Binder received |
| President _____ | |
| Assistant Treasurer _____ | |
| Spreadsheet Chair | |
| | |
| Treasurer: | Potential Member: |
| Dues & 5008 sent to SIA | Information letter sent: |
| Dues & 5008 sent to SNR | Follow Up Contact: |

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