

Soroptimist International of Auburn ...Club #116702

Club Membership Application

Meeting Location/Time: Mondays at 12:00 noon at Sizzler Restaurant Meal Cost: \$13.00

Membership Information

Please select one: New Member Reinstated Member

Member Name: _____

Preferred Mailing Address: _____ City _____ Zip _____

Business Phone: _____ Home Phone: _____

Cell Phone: _____ DOB (month & day) _____

Email: _____

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

Classification Information

Business Name: _____ Nature of Business _____

Business Address: _____ City _____ Zip _____

Job Title/Occupation: _____

Membership Dues

July 1st- Dec. 31st \$ 119.50

Jan. 1st-June 30th \$ 93.50

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

Date: _____ Sponsor: _____

Membership/Growth & Development & Treasurer Only

Member Name: _____

Classification# _____

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 _____

Treasurer:

Potential Member:

Dues & 5008 sent to SIA _____

Information letter sent: _____

Dues & 5008 sent to SNR _____

Follow Up Contact: _____