



SOROPTIMIST INTERNATIONAL OF Elko MEMBERSHIP APPLICATION

A person shall be eligible for active membership in Soroptimist International of Elko provided that she/he meets one of the following qualifications:

- Actively employed in a professional position
- Engaged as a business owner
- Holds an executive position in an organization

Name: _____ Date _____

Home Address _____

Home Telephone _____ Cell Phone _____

Name of Business _____ Title _____

Nature of Business _____ Business Telephone _____

Business Address _____ Business Fax _____

Mail to work or Home? _____

Email Address _____

Other Organizations affiliated with? _____

Month and Day of Birthday _____

Signature _____ Date _____

To be filled out by Growth and Development Committee:

Date Received _____ SIC # _____ Classification _____

Type of Membership _____ Applicant notified? _____

To be filled out by Treasurer:

Date dues paid _____ Amt Paid _____ Date of Induction _____

Additional Roster Information:

Spouse Name _____

Children(s) Name(s) _____

Grandchildren(s) Names(s) _____

Pets _____

Hobbies _____

Honors _____