



MEMBERSHIP APPLICATION

Soroptimist International of Sacramento, Inc.

P.O. BOX 163604, SACRAMENTO, CA 95816-9604

Thank you for your interest in volunteering with Soroptimist International of Sacramento, Inc. (SIS). As an applicant and future member, you commit to the Soroptimist VISION ("Women and girls have the resources and opportunities to reach their full potential and live their dreams.") and MISSION ("Soroptimist is a global volunteer organization that provides women and girls with access to the education and training they need to achieve economic empowerment.").

PART 1 (TO BE COMPLETED BY APPLICANT)

New Member ____ Reinstatement ____ Transfer/Club Name _____ If so, Member # _____

Name: _____ Spouse/Partner: _____ Birthdate Month _____ Day _____

HOME: Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

PREFERRED Mailing Address: Home: ____ Business: ____ PREFERRED Phone: Home: _____ Cell _____

BUSINESS: Name: _____ Active: ____ or Retired: ____

Type of Business: _____ Position Held _____

Responsibilities _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Email: _____

Community Activities/Organizations: _____

Please provide any information you want to share about yourself and tell us why you want to join our Soroptimist club:

Is a current member sponsoring you? Yes ____ No ____ Name of Sponsor: _____

Applicant's Signature: _____ Date: _____

PART 2 (TO BE COMPLETED BY SPONSOR)

"I understand that by sponsoring this proposed new member I have an obligation to provide leadership, support and fellowship to them. I will make them feel welcome and introduce them to other members. I will accompany them to the orientation session and will be certain that they will become informed in all aspects of Soroptimist."

Do you know them? Yes ____ No ____ Why are you recommending them for membership? _____

Sponsor's Signature: _____ Date: _____

PART 3 (TO BE COMPLETED BY MEMBERSHIP COMMITTEE)

Date Received: _____ Orientation Date: _____ COMMITTEE Action: Approved ____ Disapproved ____

BOARD Actions: Approved ____ Disapproved ____ Induction Date: _____

Selected Committees: _____

Notification Date to Chairs of Selected Committees, Roster Chair, and Website Administrator: _____