



**SOROPTIMIST INTERNATIONAL OF
TRUCKEE MEADOWS**
Sierra Nevada Region, Soroptimist International of the
Americas, Inc.
P. O. Box 20125, Reno, NV 89515

Membership Application

TO BE COMPLETED BY APPLICANT

New Member

Reinstated Member

New Member:

•Someone who has never been a member of Soroptimist or An inactive member for the club year (July 1-June 7)

Reinstated Member:

•A member who is re-joining within the same club year (July 1-June 7) is considered a reinstated member.

First Name: _____ Last Name: _____

Spouse First Name: _____ Last Name: _____

Mailing Address: _____

City/State/Zip: _____ Applicant Date of Birth: _____

Cell Phone Number: _____ Home Phone Number _____

Personal Email: _____

Name of Business: _____

Address: _____

Phone: _____ Fax: _____

Business Email: _____

Preferred Method of Contact: **Cell Phone Home Phone Business Phone Email / Personal Business**

Preferred Method of Mailing: **Home Business**

Emergency Contact Name: _____ Relationship to Applicant: _____

Phone Number (other than Applicants): _____

SPONSOR AGREEMENT TO BE COMPLETED BY SPONSOR

I understand that my obligations as a sponsor of a new member include: To provide leadership, support, and fellowship to my proposed member. I will welcome, introduce, accompany, and help my new member become familiar with all aspects of SITM. _____ (Sponsor Initials)

Sponsor Name: _____

Sponsor Signature: _____ Date: _____

TO BE COMPLETED BY SITM MEMBERSHIP COMMITTEE

Check # _____ Date Check Received: _____

Scheduled Orientation Date: _____ Scheduled Induction Date: _____

Application Received: _____ Date Approved/Declined: _____

Notes: _____
