



Soroptimist International of Parker

PROSPECTIVE MEMBER

APPLICATION

Name: _____ **Date:** _____

Business Name: _____

Nature of Business: _____

Title or Position Held: _____

Preferred Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Phone: _____ **Home Phone:** _____

Fax Phone: _____ **Cell Phone:** _____

Email Address: _____

Why do you wish to join Soroptimist?

Why would you make a good Soroptimist Member?

Birthday: _____ **Anniversary:** _____

Significant Other's Name: _____

Signature of Prospective Member: X _____

Do you have a Soroptimist Sponsor? Yes No

If so, whom? _____