



CLUB #116708

APPLICATION DATE _____

MEMBER STATUS: NEW REINSTATED* TRANSFER*

*REINSTATED OR TRANSFERRED MEMBERS MUST BE JOINING IN THE CURRENT CLUB YEAR (JUL1-JUN30)

MEMBER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

PRIMARY EMAIL _____ ADDITIONAL EMAIL _____

BIRTHDAY (MM/DD/YYYY) _____ SPOUSE/PARTNER'SNAME _____

BUSINESS NAME (if applicable) _____ TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____

PREFERRED MAILING ADDRESS? HOME BUSINESS

PREFERRED METHOD OF COMMUNICATION EMAIL TEXT PHONE

HOW WOULD YOU LIKE YOUR NAME TO APPEAR ON YOUR NAME TAG?

BUSINESS NAME ON YOUR NAMETAG? YES NO

HOW DID YOU HEAR ABOUT OUR CLUB: SOCIAL MEDIA INTERNET PRINT MEDIA

FRIEND OTHER: _____

CAN WE THANK SOMEONE FOR YOUR REFERRAL? _____

DUES: PAYABLE JUNE 15 EACH YEAR ANNUAL RENEWAL/REINSTATED \$265***

** FOR MEMBERS JOINING OTHER THAN JUNE 15 OR THE OPTION TO PAY QUARTERLY, PLEASE CHECK WITH TREASURER

METHOD OF PAYMENT: CHECK # _____ CASH

VENMO: @SoroptimistLoomis



Please mail check to:

Treasurer, SILB, PO Box 1141, Loomis CA 95650

www.soroptimistloomis.com info@soroptimistloomis.com