



SOROPTIMIST
Best for Women

Soroptimist International of Vista & North County Inland

www.soroptimistvista.org
www.liveyourdream.org
P.O. Box 382
Vista, California 92085-0382

2018/2019 NEW MEMBERSHIP APPLICATION

Soroptimist's mission is to improve the lives of women and girls through programs leading to social and economic empowerment.

Name: _____

Business: _____

Address : _____

Position: _____

Home Address: _____

Which is your preferred mailing address? Business or Home

Phone: (H) _____ (B) _____

(cell) _____ (fax) _____

Birthday: _____ (e-mail) _____

Spouse's name: _____

Sponsor/referral: _____

(signature)

(date)

Thank you for your interest in Soroptimist International of Vista & North County Inland.

If you are a woman who wishes to improve the lives of women and girls in an atmosphere of support, friendship and fun, then joining Soroptimist may be right for you. Please complete this form and return it along with your check for \$200* payable to SI Vista & North County Inland.

(*fees are prorated bi-annually ask Chairperson for current amount due)

Payment Amount: \$ _____

Date: ___/___/___

Check #: _____

Questions contact:

e-mail questions to: soroptimistinternationalvista@gmail.com

To learn more about Soroptimist: www.soroptimist.org or www.liveyourdream.org



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NEW MEMBERSHIP APPLICATION Worksheet

Our Mission: Improving the lives of women and girls, in local communities and throughout the world.

Annual Membership Dues: \$175.00 (note: our fiscal year runs from July 1 through June 30.)

- July 1, 2018 - December 31,2018 \$175.00 _____
- January 1, 2019 - June 1, 2019 \$ 87.50 _____

One Time initiation (New member) fee: \$ 25.00

Total due: *\$ _____

Make your check for payable to SI Vista & North County Inland and submit your application and applicable fees to:

Soroptimist International of Vista & North County Inland

Post Office Box 382

Vista, California 92085

For office use only

Member Application Received with payment \$ _____ ck# _____

Member Induction date: _____

Member Sponsor: _____ Buddy: _____

Membership chair: _____ Added to Roster _____ email contacts _____ evite contacts

New member 5008 filed with SIA _____ Date submitted: _____

New member 5008 copy filed with DCR _____ Date submitted: _____

Payment payable to: SIA Amount \$ _____ ck# _____

Payment payable to: DCR Amount \$ _____ ck# _____