



SOROPTIMIST
Best for Women

*Soroptimist International of
Riverside*
P.O. Box 1631
Riverside, CA 92502-1631

MEMBERSHIP APPLICATION

Name: _____ Date: _____

Home Address: _____

Phone: Home _____ Business _____

Cell _____ FAX _____

E-mail: _____

Name of Spouse: _____

Month/Day of Birthday: _____ Hobbies: _____

Company Name: _____

Position Title: _____

Company Address: _____

Preferred Mailing Address: Home _____ Business _____

Soroptimist Sponsor: _____

**Please complete and return your application with a \$130 check for your current year dues to:
SIR, P.O. Box 1631, Riverside, CA 92502-1631**

For Club Use Only

Classification _____ Installation Date _____

Member Type _____

Copies to: Membership Chair, President, Treasurer, Riversidelines Editor