



SOROPTIMIST INTERNATIONAL OF PORTLAND

Application for Membership **Date** _____

Name _____

Home Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Personal Email _____ Birthday (Yr optional) _____

Business/Title _____ Retired _____

Business Address _____

City/State/Zip _____

Business Phone _____ Fax _____

Business Email _____

Preferred email: Business _____ Personal _____ Referred By _____

Emergency Contact _____ Relationship _____ Phone _____

Areas of Interest: _____

Fees: One-time New Member Fee \$45; Annual Dues \$125; New Member Prorated dues during Jan-June \$62.50

Mail or Email completed form to: Soroptimist International of Portland

P. O. Box 16148, Portland, OR 97292

Club Email: siportland@soroptimist.net **Club Website:** www.soroptimistpdx.org

Membership Contact: Jane Lathrop (503) 805-5966 jane.lathrop@comcast.net

CLUB USE ONLY: ID# _____ Amount Paid \$ _____ New Member Fee \$ _____ SIA Input on _____ SIA Fee Pd _____ NWR Fee Pd _____ Order Name Tag _____ Mentor Name _____ New Member Book _____ Induction Date _____ Notify Sunshine for flowers _____ Notify Roster owner _____ Contact List: President _____ Membership Chair _____ Treasurer _____ Lunch Coordinator _____ Sunshine _____ Website Master _____ All Members _____ v. 05-21
