

**SOROPTIMIST INTERNATIONAL OF THE SIERRA FOOTHILLS
PROSPECTIVE MEMBER INFORMATION FORM**

The following information is submitted in the belief that the woman named is eligible for membership.

NAME _____ Birthday (month/day) _____

TITLE _____ Cell # _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ ZIP _____

BUSINESS PHONE _____ HOME PHONE _____

NATURE OF BUSINESS _____

HOME ADDRESS _____

CITY _____ ZIP _____ EMAIL: _____

REMARKS (any additional comments by SISF Member or Prospective Member that will be helpful, including whether the proposed member is personally known by the member submitting the name):

Husband/Partner's Name: _____

Date _____ Submitted by _____

Date Circulated to Membership _____

Date letter sent to prospective member inviting her to visit a meeting _____

Date of follow-up phone call reminding her to attend another meeting _____

Installation Date _____