



SOROPTIMIST
Best for Women

SOROPTIMIST INTERNATIONAL OF MAUI

P.O. Box 1514, Kahului, HI 96733

Prospective/New Member Application Form

This information is submitted in the belief that the man or woman named is eligible for membership:

Full Name _____ Professional Title _____

Home Address _____

City _____ State _____ Zip _____

Mailing Address (If different from home address) _____

City _____ State _____ Zip _____

Home Phone _____

Business Phone _____ Cell Phone _____

E-mail Address _____

Name of Employer _____

Nature of Business _____

Business Address _____

City _____ State _____ Zip _____

Date of Birth _____

Hobbies or Skills _____

Please describe a brief description of your profession:

Why are you interested in joining Soroptimist?

Who invited you to join Soroptimist, and when did they invite you?

FOR CLUB USE: Classification _____ Date of Induction _____
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