



# Soroptimist International of Washoe County Proposal for Membership



**A PERSON SHALL BE ELIGIBLE FOR ACTIVE MEMBERSHIP IN SOROPTIMIST INTERNATIONAL OF WASHOE COUNTY PROVIDED THAT SHE IS:**

- A. Engaged in a profession either independently or in an executive or professional capacity; or
- B. Engaged in a professional capacity in a government position; or
- C. Engaged as an owner, partner, proprietor, corporate officer, manager or executive in a legitimate business or organization; or
- D. Recently retired, or temporarily or permanently out of work from a profession of business; or
- E. Embarking on a career in a profession or business

## PART ONE – TO BE COMPLETED BY PROPOSED MEMBER OR SPONSOR

<b>NAME OF PROPOSED MEMBER</b>		
<b>NAME AS IT SHOULD APPEAR ON NAME TAG</b>	<b>BIRTHDAY (MONTH &amp; DAY)</b>	<b>HOME PHONE NUMBER</b>
<b>HOME ADDRESS</b>		<b>CITY, STATE, ZIP</b>
<b>NAME OF BUSINESS</b>		<b>NATURE/TYPE OF BUSINESS</b>
<b>BUSINESS ADDRESS</b>		<b>CITY, STATE, ZIP</b>
<b>JOB TITLE</b>		<b>BUSINESS PHONE NUMBER</b>
<b>HOW LONG WITH PRESENT FIRM?</b>	<b>FAX NUMBER</b>	<b>MAIL PREFERENCE</b> <input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME
<b>OTHER ORGANIZATIONS AFFILIATED WITH</b>		
<b>EMAIL</b>		<b>Effective Date of Membership</b>

## PART TWO - TO BE COMPLETED BY SPONSOR

<b>REMARKS, INCLUDING ADDITIONAL INFORMATION ON HOW YOU KNOW OF THIS PERSON AND HER ATTRIBUTES FOR MEMBERSHIP</b>	
	<b>HAVE YOU SPOKEN TO THIS PERSON ABOUT POSSIBLE MEMBERSHIP IN THE CLUB?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<p><i>I understand that by my sponsorship of a new member I have an obligation to provide leadership, support, and fellowship to my proposed member. I will make her feel welcome, introduce her to club members, accompany her to an orientation session, and help her become familiar with all aspects of Soroptimism.</i></p> <p><b>SIGNATURE OF MEMBER/SPONSOR</b> _____ <b>DATE</b> _____</p>	

## PART THREE – TO BE COMPLETED BY MEMBERSHIP/RETENTION/TRAINING COMMITTEE

<b>DATE RECEIVED</b>	<b>IS PROPOSED MEMBER ELIGIBLE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>CLUB NUMBER</b>	<b>HAS PROPOSED MEMBER ATTENDED AT LEAST 3 MEETINGS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>HAS PROPOSED MEMBER BEEN APPROVED BY BOARD FOR MEMBERSHIP INTO SIWC?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>IF YES, BOARD MEETING DATE:</b> _____			
<b>SIGNATURE MEMBERSHIP/RETENTION/TRAINING COORDINATOR</b> _____ <b>DATE</b> _____			
<input type="checkbox"/> <b>NEW MEMBER NOTIFIED</b>			
<b>NAME OF MENTOR ASSIGNED</b> _____			
<b>COPIES OF THIS FORM TO</b> <input type="checkbox"/> <b>PRESIDENT</b> <input type="checkbox"/> <b>TREASURER</b> <input type="checkbox"/> <b>ROSTER COORDINATOR/ATTENDANCE/HOSPITALITY</b>			