

SOROPTIMIST INTERNATIONAL OF CENTRE COUNTY ACCEPTANCE OF MEMBERSHIP

I am pleased to accept the invitation of membership into Soroptimist International of Centre County. I will actively engage in club functions to promote the mission of the club.

Our mission statement is, "Soroptimist improves the lives of women and girls through programs leading to social and economic empowerment."

Signature _____ Date _____

Name _____ Spouse/Partner Name _____

Home Address _____ Home Phone _____

Home E-Mail _____

Title (or position held) _____ Business Phone _____

Business Name &

Address _____

_____ Fax # _____

Business E-Mail _____

Birth Date (Month & Day) _____

July 1-June 30 yearly club dues Enclosed (\$94 + one time new member fee \$10) **Total \$104;**
(note: this amount is pro-rated to \$65 for the first year for enrollment starting in January)

Indicate the areas of Soroptimist committees that you would be interested in serving on:

____ Fundraising

____ Membership

____ Service

____ Attendance

____ Finance

____ Public Relations & Social Media

____ Programs

____ Social Activities

Bring the membership form and check (Payable to Soroptimist International of Centre County or SICC) to the next regular meeting.