



**SOROPTIMIST INTERNATIONAL OF STUART FLORIDA
MEMBERSHIP FORM**

Thank you very much for your interest in becoming a member of the Soroptimist International of Stuart. Please fill out the information and either mail your application to Membership Chairperson, Soroptimist International of Stuart, P. O. Box 2250, Stuart, FL 34995 or email to jillkeegan@keeganteam.com.

Personal

Name: _____ **Spouse/Partner:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____ **Email:** _____

Business

Business Name: _____ **Position:** _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Phone: _____ **Cell:** _____ **Email:** _____

What other community/civic organizations are you affiliated with: _____

What made you aware of and interested in Soroptimist of Stuart (use reverse if necessary)

Is a current member sponsoring you? _____ Name of Sponsor: _____

Signature: _____ **Date:** _____

You will be contacted within five (5) days or receipt of your application with additional information.

Membership Committee

Date Received: _____ **Date Approved:** _____ **Date Notified:** _____ **Induction Date:** _____