



SOROPTIMIST

Best for Women

SOROPTIMIST INTERNATIONAL OF HELENA  
PO BOX 1216  
HELENA MT 59624

Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Work Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Place of Business \_\_\_\_\_

Position Title \_\_\_\_\_

Spouse Name \_\_\_\_\_

Your Birth Date \_\_\_\_\_

Signature \_\_\_\_\_

Soroptimist Sponsor \_\_\_\_\_

Date of Induction \_\_\_\_\_

Classification \_\_\_\_\_

Member No. \_\_\_\_\_