



SOROPTIMIST INTERNATIONAL OF TRENTON AREA

Serving the Communities of Trenton, Grosse Ile, Riverview,
Woodhaven, Gibraltar and Brownstown Township

- Application For Membership -

PERSONAL INFORMATION

Name _____ Res. Phone _____

Home Address _____
STREET CITY ZIP CODE

E-Mail _____ Fax Number _____

Birthday _____

I prefer my mail delivered to: RESIDENCE
BUSINESS

BUSINESS INFORMATION

Place of Employment _____ Bus. Phone _____

Business Address _____
STREET CITY ZIP CODE

E-Mail _____ Fax Number _____

Title _____ Length of time in this position _____

Professional degree or accreditation _____

Job description or principal responsibilities:

(OVER)

Signature _____ Date _____

Return completed form to:

**SOROPTIMIST
INTERNATIONAL OF TRENTON AREA**
P.O. Box 266
Trenton, Michigan 48183

- CLUB USE ONLY -

Official Membership
Date _____, 20____
Classification Code _____
Membership Number _____

Please tell us about yourself:

Marital Status _____ Children _____

Spouse's Name _____ Occupation _____

Special Interests:

Other organizations of which you are a member:

How did Soroptimist International of Trenton Area come to your attention?

Are there any areas of Service in which you are particularly interested in?

Please list any personal or business acquaintances whom you would recommend for invitation for membership:

NAME

BUSINESS

TITLE

NAME	BUSINESS	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SOROPTIMIST
INTERNATIONAL OF TRENTON AREA**