

## Prospective Member Form

Thank you for your interest in Soroptimist International of Staten Island. If you are an accomplished business or professional woman who wishes to improve the lives of women and girls in an atmosphere of support, friendship and fun, then joining Soroptimist International of Staten Island may be right for you. Please complete this form and return it to the address shown below.

Name		
Home Address		
City	State/Province	Zip/Postal Code
Home Phone #	Work #	
Cell Phone #		
e-mail address		
Present Occupation		
Business Address		
City	State/Province	Zip/Postal Code
How long in present occupation	on?	
Email (required)		
Do you want your notices sen	t to you via e-mail Yes 🗆 N	o 🗆
Do you want non-Soroptimist	info sent to you ex; fundrai	sers, events, misc. other? Yes $\square$ No $\square$
Birth date (optional)		
Former member:     Yes	□ No	
If yes, reason for leaving:		
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Prospective Member Form
Please provide a brief paragraph about your professional /career history:
How did you hear about Soroptimist International of Staten Island?
Why are you interested in joining our Soroptimist International of Staten Island?

## Thanks again for your interest in Soroptimist International of SI!

Please return this form to: SIStatenIsland@soroptimist.net or Rosalie Raio 19 Boyce Avenue Staten Island, NY 10306



Soroptimist International of Staten Island

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