



## Soroptimist International of Davie New Member Application

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth (month/day): \_\_\_\_\_ Member Join Date: \_\_\_\_\_

Job Title/Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Other Interests/Organizations: \_\_\_\_\_

SI Davie Mentor: \_\_\_\_\_

### Dues schedule according to the date you join SI Davie:

\_\_\_\_ July 1 - December 31    \$140                      \_\_\_\_ January 1 - June 30    \$70

### Treasurer's Use Only:

Date Dues Paid \_\_\_\_\_ Amount \_\_\_\_\_

Copies to President \_\_\_\_\_ Directory \_\_\_\_\_

Return to: Lyne Lemire, SI Davie Membership Chair, 11462 SW 10<sup>th</sup> Ct., Davie, FL 33328;  
Phone: 954-629-8461