



## Membership Application - SI Delano

PO. Box 334, Delano, CA 93216

Annual Membership Fee: \$180

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

Primary Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

Length in present occupation: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Former Member:    Yes                  No

If Yes, reason for leaving: \_\_\_\_\_

Please provide a brief paragraph about your professional/career history (use additional paper if necessary) \_\_\_\_\_

How did you hear about Soroptimist of Delano?

Why are you interested in joining our Soroptimist Club? \_\_\_\_\_