



SOROPTIMIST
Best for Women

*Soroptimist International
of
Las Cruces*

Prospective Member Information Form

The following information is submitted in the belief that the woman named is eligible for membership:

Name: _____ Title: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Remarks (any additional comments that will be helpful, including whether you are personally known to member submitting name) _____

Date: _____ Submitted by: _____

Classification: _____

Date Invited to membership: _____