



SOROPTIMIST

Best for Women

Membership Application

Soroptimist International of Oak Harbor

Name: _____

Home Address: _____

City, State, Zip: _____

Cell Phone: _____

Email: _____

Employer: _____

Title/Position: _____

Business Address: _____

City, State, Zip: _____

Business Phone: _____

How did you learn about Soroptimist? _____

Why are you interested in joining? _____

Signature: _____ Date: _____

Scan your completed application and email to: Kathy Jones, Membership Chair
kathy@kjonesinc.com

Mail your completed application to:

OR
SIOH
Attn: Kathy Jones, Membership Chair
P.O. Box 893
Oak Harbor, WA 98277