

Soroptimist International of Hamilton  
P.O. Box 1012, Hamilton, MT 59840

The following contact information is submitted for membership in Soroptimist International of Hamilton.

Name \_\_\_\_\_ Birthday Month \_\_\_\_\_ Day \_\_\_\_\_

Spouse name (Optional) \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Cell phone /Fax \_\_\_\_\_

Email \_\_\_\_\_

Firm Name \_\_\_\_\_

Nature of Business \_\_\_\_\_

Title or position \_\_\_\_\_

Business address \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Please circle the best way to reach you: email, phone.

Please indicate topics or committees in Soroptimist that are of particular interest to you: (domestic abuse, women's scholarships, fundraising, newsletters, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Please tell us what you are good at: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

Sponsoring Soroptimist \_\_\_\_\_ (not required)

Dues for new members is \$150 for the year (\$140 thereafter).

The above contact information is submitted for membership in Soroptimist International of Hamilton and will be used for our photo roster and contact list on a password protected page on our website.