SOROPTIMIST®
Investing in Dreams

Soroptimist International of Hamilton
612 N 1st. Ste. 2, PMB 134 Hamilton, MT 59840

WE ARE DELIGHTED TO WELCOME YOU AS A NEW MEMBER!

Today's Date: _____

Name: _____

Birthdate: Mo/Date _____ **Opt. Out** _____

Spouse/Partner Name (optional) _____

Mailing Address: _____**City**_____**Zip:** _____

Email address: _____

Cell Phone: _____ **Landline (optional)**_____

Employer:_____**City:** _____

Title or Position_____

If retired, previous Occupation/Title: _____

How did you hear about Soroptimist International of Hamilton? _____

_____

What is the best way to reach you? _____**Email** _____**Text message** _____**Phone**

Which committees would you be interested in serving on?_____

Please tell us about skills you've developed that you would like to utilize in volunteering with SIH:

Dues for new members is $165 for the year July 1 to June 30. Thereafter, it is $155 annually.

The above contact information is submitted for membership in Soroptimist International of America and will be used for our SIH photo roster and contact list on a password protected page on the SIH website (sihamilton.org). SIA's privacy policy may be found at: soroptimist.org/privacy-policy.html

FOR SIH ASST -TREASURER TO COMPLETE: Roster update SIA ___ SIH ____ NWR ___

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