

Soroptimist Club of Port Angeles
Recommendation to the Membership Committee

Current Date

First Name Last Name Spouse

Mailing Address Birth Day Birth Month

Home Address Home Phone

Business Address Work Phone

Email

Job Title Length of Time in Current Position In Port Angeles

Responsibility in this Business

How long have you known this person? In what capacity?

Why would this person be a good Soroptimist?

I have read the Eligibility requirements and recommend this person for membership

Sponsor Signature

Reviewed by ROAR committee on _____ Payment received on _____

Classification and code _____ Copy of application to President on _____

Orientation attended on _____ Inducted on _____

Classification talk given on _____ Pink list completed on _____

Roster picture taken on _____ Name badge ordered on _____

ROAR chair signature