

Soroptimist International of Scotts Bluff County  
P.O. Box 53, Scottsbluff NE 69361

Prospective Member Personal Information Sheet

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Business/Employer: \_\_\_\_\_ Position: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Preferred Mailing Address: Residence or Business (Circle One)

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ (Month/Day only please)

Why I would like to join SI of Scotts Bluff County. \_\_\_\_\_

\_\_\_\_\_

Where I heard about this club. \_\_\_\_\_

Currently a member of the following organizations: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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**For Club Completion**

Mentor/Sponsoring Member: \_\_\_\_\_ Date of Club visit: \_\_\_\_\_

Classification: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Date of Induction: \_\_\_\_\_

Committee Assignments: \_\_\_\_\_