SOROPTIMIST®

Investing in Dreams

**SOROPTIMIST INTERNATIONAL OF CAPISTRANO BAY**
**PO BOX 2912, CAPISTRANO BEACH CA 92624**

## MEMBERSHIP APPLICATION

**Date** _____

**Name** _____

**Home Address** _____

_____

**Home Phone** _____ **Cell Phone** _____

**E-mail address** _____

**Birthday** _____

**Occupation** _____

**Name of Company** _____

**Special skills (eg computers, public speaking, knitting, book-keeping, writing, painting, design, tax prep, culinary, etc)**

_____

_____

**Prior Service Club Membership - when and where** _____

_____

**Referred by** _____

**Annual Membership Dues: $200.00**

**Check payable to: Soroptimist International of Capistrano Bay**