



**Soroptimist International of Humboldt Bay  
New Membership Information  
Email copy of completed form to [sihumboltdbay@soroptimist.net](mailto:sihumboltdbay@soroptimist.net)  
Or mail to above address**

Legal Name: \_\_\_\_\_

Name Tag to Read \_\_\_\_\_

Birthday (Year Optional) \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_

Business Name, Address, Phone:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Membership: \_\_\_\_\_New \_\_\_\_\_Transfer \_\_\_\_\_Reinstatement