



*Soroptimist International of Davie  
New Member Application*

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

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Member Join Date \_\_\_\_\_

Job Title/Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Other Interests/Organizations: \_\_\_\_\_

SI Davie Mentor: \_\_\_\_\_

**Dues schedule according to the date you join SI Davie:**

\_\_\_\_ July 1 - June 30      \$150      \_\_\_\_ January 1 - June 30      \$100.00

**Treasurer's Use Only:**

Date Dues Paid \_\_\_\_\_ Amount \_\_\_\_\_

Copies to President \_\_\_\_\_ Directory \_\_\_\_\_

Return to:  
Barbara Belyeu, Treasurer, 11528 W. State Road 84 #550072  
or email: [treasurer@sidavie.org](mailto:treasurer@sidavie.org)  
Questions: (954) 609-3091