

SOROPTIMIST INTERNATIONAL OF THE AMERICAS, INC.

GOLDEN WEST REGION

**REQUEST FOR MEMBERSHIP RECRUITING FUNDING**

Allocation of funds will be limited to \$250 for any club during the biennium.

Funds will only be available to clubs with 17 or less regular members at the time of the request.

Club: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Club Mailing Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_

**Need help with developing your plan?**  
Contact Region Membership Chair Kimberly LaPrade – [Kimberlyl.gwr@gmail.com](mailto:Kimberlyl.gwr@gmail.com) - 602-702-0989

**OUTLINE OF PLANNED RECRUITMENT EVENT / ACTIVITY**

**Describe planned event or activity [what, where, why, how]**

\_\_\_\_\_

**Date(s) of event(s) / activity:**

\_\_\_\_\_

**Anticipated Outcome: [# new members expected; public awareness in community, etc.]**

\_\_\_\_\_

**PROPOSED EXPENDITURE BUDGET**

Item Description	Item Cost	Total Cost
<b>TOTAL AMOUNT REQUESTED [Not to exceed \$250]</b>		

**DIRECTIONS:**

1. Complete PAGE 1 of this document and submit **at least 30 days before the planned event or activity** to:  
Region Membership Chair Kimberly LaPrade      Email: [Kimberlyl.gwr@gmail.com](mailto:Kimberlyl.gwr@gmail.com)      Phone: 602-702-0989
2. After approval by the GWR Governor, a check not to exceed \$125 will be mailed as soon as possible to your club at the club mailing address provided above.

SOROPTIMIST INTERNATIONAL OF THE AMERICAS, INC.

GOLDEN WEST REGION

**MEMBERSHIP RECRUITMENT EVENT/ACTIVITY REPORT  
& EXPENSE REIMBURSEMENT REQUEST**

Allocation of funds will be limited to \$250 for any club during the biennium.

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Club: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Club Mailing Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_

**Event/Activity Date:** \_\_\_\_\_

**Brief Description of Event/Activity:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Number of Prospective Members Attending:** \_\_\_\_\_  
**Total Number of Attendees:** \_\_\_\_\_  
**Number of New Members Inducted:** \_\_\_\_\_  
**Date of Induction(s)** \_\_\_\_\_

**EXPENDITURE SUMMARY**

Item Description	Item Cost	Total Cost
<b>TOTAL EXPENDITURES</b>		
<b>LESS AMOUNT ADVANCED</b>		
<b>TOTAL REIMBURSEMENT REQUESTED [Not to exceed \$125]</b>		

**DIRECTIONS:**

1. Complete PAGE 2 of this document and submit along with receipts for all expenses incurred **within 30 days of the conclusion of the event or activity** to:  
Region Membership Chair Kimberly LaPrade      Email: Kimberlyl.gwr@gmail.com      Phone: 602-702-0989
2. After approval by the GWR Governor, a reimbursement check not to exceed \$125 will be mailed as soon as possible to your club at the club mailing address provided above.