



habersham
CHAMBER
OF **COMMERCE**

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**Habersham County Chamber of Commerce
S.O.A.R Professional Women's Group**

MISSION STATEMENT

S.O.A.R. is a professional women's organization of Habersham County Chamber of Commerce members (business or individual) dedicated to empowering and encouraging women in professional leadership. Membership is designed to provide an opportunity for women in professional positions who have common interests and goals to share ideas and experiences.

CORE VALUES

The core values of the organization are represented by women who are:

- S – Strong in their work ethic showing leadership and professionalism
- O – Objective in their decisions
- A – Active in their community
- R – Respected by their colleagues, family and friends

**APPLICATION FOR S.O.A.R. MEMBERSHIP
GUIDELINES & PROCEDURES**

1. To become a member of S.O.A.R, your place of employment must be a member of the Habersham Chamber of Commerce.
2. Prospective members must complete a membership application, which is subject to review and approval by the Habersham S.O.A.R. Steering Committee. All applicants must meet established criteria for membership with an evaluation based on current and prior positions of responsibilities as well as demonstrated leadership in the community.
3. Members are encouraged to bring guests who qualify as potential members. A guest may attend one meeting per year before applying.
4. If accepted as a new member mid-year, dues are pro-rated. An invoice for the following year's dues and change form for member's information will be sent in January each year.

Dues Structure:

\$25 Initiation Fee for All New Members
\$100 Annual Dues

5. Membership in the organization is individual and not corporate, and therefore is non-transferable. If a member's position is replaced, the membership is subject to review for potential approval by the S.O.A.R. steering committee. The membership fee is transferable if the unused portion of the membership fee is paid by their organization.

HABERSHAM S.O.A.R. MEMBERSHIP APPLICATION

INSTRUCTIONS:

1. Application must be typed or printed clearly.
2. Please complete each area of application. If an area does not apply, designate by "N/A".
3. Upon approval of application, you will be notified and invoiced for the appropriate amount.

DO NOT ATTACH RESUMES, BIOS, ETC.

1. PERSONAL DATA

NAME: _____
(Last) (First) (Middle or Family)

COMPANY: _____
(Name)

(Street or P.O. Box)

(City) (State) (Zip) (Telephone)

*E-MAIL ADDRESS: _____

HOME ADDRESS: _____
(Street or P.O. Box)

(City) (State) (Zip) (Telephone)

**All correspondence will be sent by email, unless otherwise requested.*

2. EMPLOYMENT

CATEGORY: _____ Business Owner
_____ Professional Occupation
_____ Retired
_____ Other (please explain) _____

INDUSTRY: _____

NAME OF FIRM/ORGANIZATION: _____

CURRENT POSITION/TITLE: _____

LENGTH OF TIME IN FIELD AND CURRENT POSITION: _____

WORK DESCRIPTION AND RESPONSIBILITIES: _____

3. LEADERSHIP INVOLVEMENT WITHIN LAST 5 YEARS:
(Names & dates of service)

PROFESSIONAL ORGANIZATIONS: (Please list positions held)

CIVIC ORGANIZATIONS: (Please list positions held):

AWARDS/ACHIEVEMENTS/RECOGNITIONS:

4. HABERSHAM CHAMBER CURRENT AND/OR PAST INVOLVEMENT:

5. PLEASE PROVIDE A SUMMARY OF WHY YOU WISH TO BE A PART OF THIS PROGRAM. (IE: ARE THERE SPECIFIC PERSONAL AREAS YOU HOPE TO SEEK GROWTH, INSIGHT, ENCOURAGEMENT, AND/OR SUPPORT IN BECOMING AN ACTIVE MEMBER OF SOAR?):

6. HOW DID YOU HEAR ABOUT S.O.A.R?

APPLICANT'S SIGNATURE: _____ DATE: _____

ALL INFORMATION IS SUBJECT TO VERIFICATION

Please return completed sponsorship form and new member application to:

Mary Beth Horton
President
Habersham County Chamber of Commerce
P.O. Box 366, Cornelia, GA 30531
president@habershamchamber.com

Questions: 706-778-4654

Steering Committee: Kesha Clinkscale, Trudy Crunkleton, Tricia Hise, Caroline Lewallen,
MaLisa McOmber, Lisa Nicholson, Susan Ramsey, Lindsay Underwood