



habersham
CHAMBER
OF COMMERCE



**Habersham County Chamber of Commerce
S.O.A.R. Sponsor Form
for
New Member Application**

MISSION STATEMENT

S.O.A.R. is a professional women’s organization of Habersham County Chamber of Commerce members (business or individual) dedicated to empower and encourage 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

The sponsor of the new member applicant must complete this form and submit it to the Habersham Chamber of Commerce along with the completed new member application.

New Member Applicant: _____

Sponsored by: _____

- 1) Please state why you feel this applicant would qualify for membership in Habersham Executive Women. **(Qualifications might include budgeting, supervisory and decision-making responsibilities.)**

- 2) Please list applicant’s professional and/or civic organization affiliations and honors that they have received.

Habersham S.O.A.R. member's signature: _____

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

1. Membership is open to Habersham Chamber of Commerce members who are professional business women in the following categories: business owners (more than five employees), executive management, professional occupations, elected or appointed officials.
2. Prospective members must be sponsored by a current member of Habersham S.O.A.R. and are required to 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 (including managing a budget and/or other staff) as well as demonstrated leadership in the community.
3. Members are encouraged to bring guests who qualify as potential members. A guest must attend one, but no more than two, meetings to be sponsored by a Habersham S.O.A.R. member before applying.
4. If accepted as a member after July, dues are pro-rated. An invoice for the following year's dues and change form for member's information will be sent in the fall of each year. A member whose new position or job does not meet membership requirements will be ineligible for membership renewal. A leave of absence can be granted based on an individual's circumstance with approval of the Steering Committee.

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) (Fax)

*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

INDUSTRY: _____

NAME OF FIRM/ORGANIZATION: _____

CURRENT POSITION/TITLE: _____

LENGTH OF TIME IN FIELD AND CURRENT POSITION: _____

WORK DESCRIPTION AND RESPONSIBILITIES: _____

BUDGETARY RESPONSIBILITY: _____

Please explain: _____

NUMBER OF PEOPLE SUPERVISED: _____

IMMEDIATE SUPERVISOR (Give name & phone #): _____

PREVIOUS EMPLOYER: _____

POSITION/TITLE: _____

3. LEADERSHIP INVOLVEMENT WITHIN LAST 5 YEARS (name and date of service):

PROFESSIONAL ORGANIZATIONS (Please list positions held):

CIVIC ORGANIZATIONS (Please list positions held):

AWARDS/ACHIEVEMENTS:

4. HABERSHAM CHAMBER CURRENT AND/OR PAST INVOLVEMENT:

5. PLEASE PROVIDE BRIEFLY YOUR REASONS FOR WANTING TO JOIN:

6. APPLICANT'S SIGNATURE: _____ **DATE:** _____

SPONSORED BY: _____

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

Fax: 706-776-1416

Questions: 706-778-4654

Steering Committee: Kelley Herrin, Lane Gresham, Barbara Coker,

Brenda Speed, Barbara Kesler