

Soroptimist International of the Americas
New Member Enrollment/Reinstatement Form
 1709 Spruce Street, Philadelphia, PA 19103-6103, USA • Telephone: 215/893-9000 • Fax: 215/893-5200

I. CLUB INFORMATION

Soroptimist International of: _____ Club Number: _____

II. MEMBER INFORMATION: Please select one: New Member¹ Charter Member Reinstated Member²

¹New Member: _____ Member Number (if known): _____

- Someone who has never been a member of Soroptimist.
- A former member who has not been a member for a year or more is considered a new member.
- A former member who has not been a member during the same club year (July 1-June 7) is considered a new member.

²Reinstated Member:
 • A member who is re-joining within the same club year (July 1-June 7) is considered a reinstated member.

Member Type: Regular Embarking Retired/Unemployed

First Name: _____ Last Name: _____

Preferred Mailing Address: _____

City/State/Province: _____ Zip/Postal Code: _____ Country: _____

Business Phone with Area Code: _____ Fax with Area Code: _____

E-mail Address: _____ Home Phone with Area Code: _____

Member Join Date: _____ Date of Birth: (mm/dd/yy) _____

Job Title/Occupation: _____ Classification Code: _____
 (Consult the classification guide on the website)

III. MEMBER DUES

- New Member Dues Charter Member Dues Select one amount based on month of induction:
- July 1, 2013 – December 31, 2013: \$52.00 \$ _____
 - January 1, 2014 – June 7, 2014: \$26.00 \$ _____
 - New Member, Reinstated Member or Charter Member Fee: \$10.00 (Required) \$ _____
 - Soroptimist International Per Capita Payment: \$5.00 (Required) \$ _____
 - Club Liability Insurance: \$3.00 (Required for members living in U.S., Canada, Puerto Rico & Guam) \$ _____
 - Voluntary Contribution: Founders Pennies: \$5.58 \$ _____

Total Amount Enclosed for New, Charter or Reinstated Member: \$ _____

- Check** (please make payable to Soroptimist International of the Americas)
- Bank wire transfer (please indicate date of transfer)** _____
- Credit card** American Express, MasterCard, VISA only

Credit Card Number: _____ Expiration Date: _____

Cardholder's Name: _____ Security Code (on back of card): _____

Please send original to SIA headquarters, copy to region treasurer, retain copy for club file.

FOR HEADQUARTERS' Use Only

Amount: _____ Date: _____ Check Number: _____