

**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

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) _____

III. MEMBER DUES

New Member Dues Charter Member Dues Select one amount based on month of induction:

July 1, 2016 – December 31, 2016: \$70.00 \$ _____

January 1, 2017 – June 7, 2017: \$35.00 \$ _____

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 & N. Mariana Islands) \$ _____

Voluntary Contribution: Founders Pennies: \$5.76 \$ _____

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: _____