

Soroptimist International of the Americas
New Member Enrollment/Reinstatement Form
 Email: siahq@soroptimist.org • 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 Member²¹New 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.

Information provided by members is governed by SIA's Privacy Policy: www.soroptimist.org/privacy-policy.html

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: _____

Mobile Phone: _____

Member Join Date: _____ Date of Birth: (mm/dd/yy) _____**III. MEMBER DUES**Member Type: Regular New Member Dues Charter Member Dues Select one amount based on month of induction:

- | | |
|---|----------|
| <input type="checkbox"/> July 1, 2020 – December 31, 2020: \$74.00 | \$ _____ |
| <input type="checkbox"/> January 1, 2021 – June 7, 2021: \$37.00 | \$ _____ |
| <input type="checkbox"/> New Member, * Reinstated Member or Charter Member Fee: \$10.00 (Required) | \$ _____ |
| <input type="checkbox"/> Soroptimist International Per Capita Payment: \$9.00 (Required) | \$ _____ |
| <input type="checkbox"/> Club Liability Insurance: \$6.00 (Required for members living in U.S., Puerto Rico, Guam & N. Mariana Islands) | \$ _____ |
| <input type="checkbox"/> Voluntary Contribution: Founders Pennies: \$6.00 | \$ _____ |

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

***Reinstatement fees are suspended for the 2020-2021 club year.**

- 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: _____