Date:	
-------	--

Soroptimist International of the Americas Membership Information Change or Termination Form Email: siahq@soroptimist.org • Telephone: 215/893-9000 • Fax: 215/893-5200

Member Name:		
Club Name:		
MEMBER INFORMATION CHANGE		
☐ Name Change From:	To:	
☐ Address or Zip/Postal Code Change:		
Address:		
City/State/Province:	Zip/Postal Code:	Country:
☐ Phone Number Change:		
Business (including area code):		
☐ Home (including area code):		
Mobile Phone:		
Fax Number Change:		
E-mail Address Change:		
☐ Change of Member Type: For complete definition of I	Reaular membership type. see t	the Federation Bylaws on the website.
☐ Life Member to Regular Member: PLEASE NOTE membership status is forfeited and can <u>never</u> be	once a Life member is char	
Transfer into Club:	Clu	ub #:
☐ Transfer out of Club:	Clu	ub #:
☐ Change of Officer:		
Position: Member #: Presid	ent (Name):	
Member #: Treasu	urer (Name):	
☐ Termination/Resignation		
☐ Termination/Death		

Please send to SIA headquarters. Retain copies for region treasurer and club file.