

**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 Member<sup>1</sup>  Charter Member  Reinstated Member<sup>2</sup>

<sup>1</sup>New 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.

<sup>2</sup>Reinstated 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, 2017 – December 31, 2017: \$72.00 \$ \_\_\_\_\_

January 1, 2018 – June 7, 2018: \$36.00 \$ \_\_\_\_\_

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: \$5.82 \$ \_\_\_\_\_

**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: \_\_\_\_\_