

2019-2020 FORM 5008

Date _____

**Soroptimist International of the Americas
New Member Enrollment/Reinstatement Form**

1709 Spruce Street, Philadelphia, PA 19103-6103, USA * Telephone: 215/893-9000

I. CLUB INFORMATION

Soroptimist International of: _____ Club
Number: _____

II. MEMBER INFORMATION: Please select one ____ New Member ____ Charter Member ____ Reinstated Member
Member Number (if known): _____

New Member:

- 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.

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 Code: _____ Country:

Phone with Area Code: _____

Email 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, 2019 – June 7, 2020: \$74.00

\$ _____
_____ January 1, 2020 – June 7, 2020: \$37.00 \$

_____ New Member, Reinstated Member or Charter Member Fee: \$10.00 (Required) \$

_____ Soroptimist International Per Capita Payment: (\$9.00) Paid by
SIA – WF

_____ Club Liability Insurance: \$6.00 (Required for members living in U.S.) \$

_____ Voluntary Contribution: Founders Pennies: \$5.94
SIA – WF
_____ NWR Dues: \$9.20
SIA – WF

Paid by

Paid by

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

_____ Check (please make payable to Soroptimist International of the Americas)

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

FOR HEADQUARTERS' USE ONLY

Amount: _____ Date: _____
Check Number: _____