

Soroptimist International of the Sierra Foothills

Club Membership Application

I. Member Information

Please select one: New Member Charter Member Reinstated Member

Member Name: _____

Preferred Mailing Address: _____

Business Phone #: _____ Home Phone #: _____

Other Contact #: _____ Fax #: _____

Email: _____ DOB: _____

Reinstated/Transfer Members Only:

Member Number: _____ Member Type: _____

Transferring Members Only:

From Club: _____ From Club #: _____

II. Classification Information

Business Name: _____

Nature of Business: _____

Job Title/Occupation: _____

III. Membership Dues

Annual Dues: (select one based on date of application)

- July 1st – October 31st: \$ _____
- November 1st – December 31st: \$ _____
- January 1st – March 31st: \$ _____
- April 1st – June 30th: \$ _____

Due with submission of application and at the beginning of each fiscal year thereafter

Meeting Location/Time: _____

Meal Cost: \$ _____

Due the day of the meeting

Please make checks payable to ***Soroptimist International of the Sierra Foothills***

Treasurer's Use Only

Member Check Number: _____

Date Received from Member: _____

Classification Code: _____

Date Installed: _____

Date Dues Remitted to SNR: _____ Check Number: _____

Date Dues Remitted to SIA: _____ Check Number: _____