

Soroptimist International of the Americas
New Member Enrollment/Reinstatement Form
 Email: siahq@soroptimist.org • Telephone: 215-893-9000

I. CLUB INFORMATION

Soroptimist International of: _____

II. MEMBER INFORMATION: Please select one: New Member¹ Charter Member Reinstated Member²

¹ 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 30) is considered a new member.

² Reinstated Member:

- Members who rejoin within the same club year (July 1–June 30) pay only the USD \$10 reinstatement fee.

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: _____ E-mail Address: _____

Home Phone with Area Code: _____ Date of Birth: (mm/dd/yyyy) _____

Mobile Phone with Area Code _____ Member Join Date: _____

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, 2026 – December 31, 2026: \$79.00	\$	
<input type="checkbox"/>	January 1, 2027 – June 30, 2027: \$39.50	\$	
<input type="checkbox"/>	New Member, Reinstated Member or Charter Member Fee: \$10.00 (Required)	\$	
<input type="checkbox"/>	Soroptimist International Per Capita Payment: \$9.50 (Required)	\$	
<input type="checkbox"/>	Club Liability Insurance: \$16.00 (Required for members living in U.S., Guam & N. Mariana Islands)	\$	
<input type="checkbox"/>	Voluntary Contribution: Founders Pennies: \$6.36	\$	
		\$	

Total Amount Enclosed for New, Charter or Reinstated Member: \$ _____
All Dues and Fees are Non-Refundable

Check (please make payable to Soroptimist International of the Americas and mail to: PO Box 95000-2553, Philadelphia, PA 19195-0001)

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.