



S O R O P T I M I S T

Best for Women



FOUNDER REGION NEW/REINSTATED MEMBER DUES FORM

CLUB INFORMATION

Soroptimist International of _____ Club # _____

Club Treasurer _____ Phone (____) _____

Club Treasurer Email Address _____

MEMBER INFORMATION

Please Circle One: New Member Reinstated

Member Type (Circle One): Regular Retired/Unemployed Embarking

Member Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone () _____ Business Phone () _____

E-Mail Address _____

Sponsor (Name) _____

Date of Induction or Reinstatement _____

AMOUNT DUE

(Select one amount based on month of induction or reinstatement)

July 1 – December 31 \$24.00

January 1 – June 30 \$14.00

**Mail check and this form along with a copy of the 5008 to:
Pam Parker, Region Treasurer, P.O. Box 504, Rutherford, CA 94573**