

Soroptimist International of the Americas
New Member Enrollment/Reinstatement Form
Email: siahq@soroptimist.org • Telephone: 215/893-9000 • Fax: 215/893-5200

I. CLUB INFORMATION

Soroptimist International of: _____ Club Number: _____

II. MEMBER INFORMATION: Please select one: ☐ New Member¹ ☐ Charter Member ☐ Reinstated Member²¹ 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:

- A member who is re-joining within the same club year (July 1-June 30) is considered a reinstated member.

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: _____ Fax with Area Code: _____

E-mail Address: _____ Home Phone with Area Code: _____

Mobile Phone: _____

Member Join Date: _____ Date of Birth: (mm/dd/yy) _____

III. MEMBER DUESMember Type: Regular ☐ New Member Dues ☐ Charter Member Dues Select one amount based on month of induction:

July 1, 2025 – December 31, 2025: \$78.00 \$ _____

January 1, 2026 – June 30, 2026: \$39.00 \$ _____

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

Soroptimist International Per Capita Payment: \$9.25+ South Central Region: \$25 + SIKC: \$43 \$ _____

Club Liability Insurance: \$15.00 (Required for members living in U.S., Guam &

N. Mariana Islands) \$ _____

Voluntary Contribution: Founders Pennies: \$6.30 \$ _____

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

July 1 - December 31 total: \$176.55

January 1 - July 31 total: \$137.55

☐ **Check** (please make payable to Soroptimist International of Kansas City)☐ **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 Membership Chair, SIKC, 1221 W. 103rd Street, #224, Kansas City, MO 64114.***FOR HEADQUARTERS' Use Only**

Amount: _____ Date: _____ Check Number: _____

FOR ADMINISTRATIVE Use Only

If a member is both transferring and reinstating, then a REIN activity flag is needed.