

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 Member²

¹New 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.

²Reinstated 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 DUES

Member Type: Regular New Member Dues Charter Member Dues Select one amount based on month of induction:

July 1, 2026 – December 31, 2026: SI of the Americas \$79.00 + South Central Region \$25 + SIKC \$43.00 \$ _____

January 1, 2027 – June 30, 2027: \$73.50 \$ _____

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

International Per Capita Payment (Required) \$ _____

Club Liability Insurance: (Required for members living in U.S., Guam & N. Mariana Islands) \$ _____

Voluntary Contribution: Founders Pennies: \$ _____

All Dues and Fees are Non-Refundable

Check (please make payable to "Soroptimist International of Kansas City")

Bank wire transfer (please indicate date of transfer) _____

Credit card American Express, MasterCard, VISA

Total Paid by Check \$ _____

January 1 - June 30 totals:

Check \$115.36

Credit Card \$118.97

Square Fee \$ 5.82

Total Paid by Credit Card \$ 194.68

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.