

SOROPTIMIST INTERNATIONAL OF LOOMIS BASIN
CLUB MEMBERSHIP APPLICATION

1. Member Information:

Select one : ___ New Member ___ Charter Member ___ Reinstated Member

Member Name: _____

Preferred Mailing Address: _____

Business/Cell Phone: _____ Home Phone: _____

Email _____ DOB (M-D-Y) _____

FAMILY MEMBER NAME: _____

REINSTATED/TRANSFER MEMBERS ONLY: MEMBER # _____ MEMBER TYPE _____

TRANSFERRING MEMBERS ONLY: FROM CLUB NAME _____ # _____

* BUSINESS NAME: _____ JOB TITLE _____

NATURE OF BUSINESS: _____ (OPTIONAL)

2. INITIAL MEMBERSHIP DUES:-DUE WITH APPLICATION SUBMISSION:

Option 1 – pay all annual and quarterly regional and club dues up front –(select one based on date of application)

- | | |
|-----------------------------|----------------------------|
| ___ July 1 – September 30 | \$200.00 (\$122 +26+26+26) |
| ___ October 1 – December 31 | \$174.00 (\$ 96 +26+26+26) |
| ___ January 1 – March 31 | \$122.00 (\$ 96 +26) |
| ___ April 1 – June 30 | \$ 96.00 |

Option 2 – pay annual regional dues and 1st quarter club dues (all future quarterly club dues will be billed at the beginning of each calendar quarter @\$26/qtr –

- | | |
|--------------------------|----------------------|
| ___ July 1 – December 31 | \$122.00 (\$ 96 +26) |
| ___ January 1 – June 30 | \$ 96.00 |

Make Checks Payable to Soroptimist International LOOMIS BASIN or SILB

Treasurer's Use Only

Member Check Number: _____ Date Received: _____ Member Type _____

Date Installed: _____ Date Dues Remitted to SNR: _____ Check # _____