## Soroptimist International of Loomis Basin Club Membership Application

## I. Member Information

Please select one: □ New Member □ Charte	er Member □ Re	instated Member	•
Member Name:			
Preferred Mailing Address:			
Business Phone #:	Home Phone #:		
Other Contact (Cell)#:	Fax #:		
Email:	DOB:		
Family Member Name(s):			
Reinstated/Transfer Members Only:			
Member Number:	Member Type:		
Transferring Members Only:			
II. Information:			
Rusiness Name			
Business Name:Nature of Business:			
Job Title/Occupation:			
III. Initial Membership Cost - Due w Option 1 – pay all annual and quarterly			
application)			
$\Box$ July 1st – September 30 <sup>th</sup> :		,	
$\Box$ October 1 <sup>st</sup> – December 31 <sup>st</sup> :	\$ 189.00	·	
$\Box$ January 1 <sup>st</sup> – March 31 <sup>st</sup> :	\$ 131.00	(\$79+26+26)	
$\Box$ April 1 <sup>st</sup> – June 30 <sup>th</sup> :	\$ 105.00	(\$79+26)	
Option 2 – pay annual regional dues and		club dues (all f	
at the beginning of each calendar quarte	<del>-</del>	(\$111.26)	CLICK HERE TO
$\Box$ July 1st – December 31st :		(\$111+26)	DAM ONI INC
□ January 1 <sup>st</sup> – June 30 <sup>th</sup>	\$ 105.00	(\$79+26)	PAY ONLINE
Please make checks payable to <i>Soroptimist</i> ************************************			
	Treasurer's	s Use Only	
Member Check Number:			
Date Received from Member:			
Classification Code:			
Date Installed:			
Date Dues Remitted to SNR:		Check Number:	
Date Dues Remitted to SIA:	Check Numb	Check Number:	