Soroptimist International of Loomis Basin Club Membership Application

I. Member Information

Please select one: □ New Member □ Charte	er Member □ Re	instated Member	ſ	
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:				
From Club:	From Club #:			
II. Information:				
Business Name:				
Nature of Business:				
Job Title/Occupation:				
III. Initial Membership Cost - Due w				
Option 1 – pay all annual and quarterly application)	regional and cl	ub dues up fron	t (select one based on date of	
☐ July 1st – September 30 th :	\$ 221.00	(\$117+26+26	5+26+26)	
\Box October 1 st – December 31 st :	\$ 195.00			
\Box January 1 st – March 31 st :	\$ 143.00	(\$91+26+26))	
\Box April 1 st – June 30 th :	\$ 117.00	(\$91+26)		
Option 2 – pay annual regional dues and	the 1st quarter	club dues (all f	uture quarterly club dues will be billed	
at the beginning of each calendar quarte			CLICK HERE TO	
□ July 1st – December 31st :	\$ 14300	(\$117+26)		
□ January 1 st – June 30 th	\$ 117.00	(\$91+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:	SNR: Check Number:			
Date Dues Remitted to SIA:		Check Number:		