

Soroptimist International of Klamath Falls
P.O. Box 134
Klamath Falls, OR 97601 USA
www.soroptimistklamathfalls.org



SOROPTIMIST
Best for Women

*Improving the lives
of women and girls,
in local communities
and throughout
the world.*

MEMBERSHIP APPLICATION

Name of Prospective Member _____ Date of Birth _____

Name of Spouse or Significant Other _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Firm Name _____

Business Address _____

Business Phone _____ Fax _____

Position Held/Title _____

Details of Executive Duties _____

Remarks and additional comment will be helpful - including whether personally known to member submitting name.

I am pleased to submit this application for _____ as
a prospect for Regular membership in our club, and I am willing to accept my responsibility as her sponsor as outlined by our
Sponsor Guidelines.

Member/Sponsor _____ Date _____

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: Klamath Falls Club Number: _____

II. MEMBER INFORMATION: Please select one: New Member¹ Charter Member Reinstated Member²

¹ New Member: _____ Member Number (if known): _____

- 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 7) is considered a new member.

² Reinstated Member:

- A member who is re-joining within the same club year (July 1-June 7) 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, 2023 – December 31, 2023: (\$178.82 - SIKF: \$92.22, SIA Federation Dues: \$76.00, NW Region Dues: \$10.60) \$ _____
- January 1, 2024 – June 7, 2024.: (\$94.71 - SIKF: \$46.11, SIA Federation Dues: \$38.00, NW Region Dues: \$10.60) \$ _____
- New Member, Reinstated Member or Charter Member Fee: \$10.00 (Required) \$ _____
- Soroptimist International Per Capita Payment: \$9.00 (Required) \$ _____
- Club Liability Insurance: \$11.00 (Required for members living in U.S., Guam & N. Mariana Islands) \$ _____
- Voluntary Contribution: Founders Pennies: \$6.18 \$ _____

Total Amount - \$205 with check or cash or \$212 with CC \$ _____

All Dues and Fees are Non-Refundable

Check (please make payable to Soroptimist International of Klamath Falls)

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 SIA headquarters, copy to region treasurer, retain copy for club file.

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.