

Soroptimist International of Oceanside-Carlsbad Membership Application

Badge: Silver _____ Gold _____
 With Slot _____
 Send Picture to Joanne Volpe: joannevolpe@earthlink.net
 For roster

Please Print:

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Name: | |
| Address: | |
| Business/ Title: | |
| | |
| Telephone Number(s): One you prefer to use | |
| Preferred | |
| | |
| | |
| E-Mail: | |
| Spouse/ Significant Other: | |
| Birthday: | (Year not posted) |
| | Mo. _____ Day _____ Year _____ |
| Area(s) of Interest: | |
| | |
| | |
| | |
| Sponsor: | |
| <p>Some of our Soroptimists send e-mails NOT related to club business Please check opt-out if you do not wish to be notified Check box to OPT OUT <input type="checkbox"/></p> | |

Please return this form with payment at meeting or mail to:

Michelle Enfield , MEMBERSHIP CO-CHAIR
 2121 Bunker View Way
 Oceanside, CA 92056

Any questions, call Michelle at 760-583-4191
mukata17@gmail.com
 questions or to return form

NEW MEMBER DUES: Prorated

| | |
|-----------------|-----------------|
| July - \$180.50 | Jan - \$106.00 |
| Aug - \$180.50 | Feb - \$ 98.00 |
| Sept - \$165.00 | Mar - \$ 91.00 |
| Oct - \$147.00 | Apr - \$ 72.00 |
| Nov - Join Jan. | May - Join for |
| Dec - Join Jan. | June - New year |

Dues include: \$15.50 in new member fees
 International, Region dues and fees.

Personal Project Assessment:

This starts at \$50.

You may fulfill this requirement in 3 ways:

- Have or be part of a personal project
- Pay at this time.
- Pay at end of fiscal year (June)

| | | |
|-----------|----------|----------|
| July - 50 | Nov - 35 | Mar - 15 |
| Aug - 50 | Dec - 30 | Apr - 10 |
| Sept - 45 | Jan - 25 | May - 0 |
| Oct - 40 | Feb - 20 | June - 0 |

Transfers: prorated for club dues only + \$7.50 for New Club Member Charge Quoted by Treasurer

SI # _____ Club Leaving _____

| | |
|--------------------------------------|-----------------|
| DUES (per schedule) | \$ _____ |
| Prepay personal project assessment | \$ _____ |
| Prepaid Lunch Options | |
| Punch card for 10 lunches (\$170.00) | \$ _____ |
| TOTAL AMOUNT DUE | \$ _____ |

Pay by check

Date: _____ Ck. # _____

Pay by Credit Card (VISA/MASTER CARD)

Name as on Card _____
 CC # _____
 Exp. Date _____ Security Code _____
 Zip Code _____

Note 4% will be added to total for credit card purchases

Signature _____
Date _____