

Soroptimist International of Oceanside-Carlsbad Membership Application

Revised 6/1/19

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</p> <input style="float: right;" type="checkbox"/> | |

NEW MEMBER DUES:

| | |
|-----------------|-----------------|
| July - \$210.00 | Jan - \$140.00 |
| Aug - \$210.00 | Feb - \$140.00 |
| Sept - \$210.00 | Mar - \$140.00 |
| Oct - \$210.00 | Apr - \$140.00 |
| Nov - Join Jan. | May - Join for |
| Dec - Join Jan. | June - New year |

Dues include: \$15.00 in new member fees
International, Region dues and fees.

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

SI # _____ Club Leaving _____

DUES (per schedule) \$ _____
\$ _____

Prepaid Lunch Options
Punch card for 10 lunches (\$200.00) \$ _____

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 _____

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

Joanne Volpe MEMBERSHIP CO-CHAIR
4777 Brookwood Ct
Carlsbad, CA 92010

Any questions, call Joanne at 760-443-1213 or
Sandy Riser, MEMBERSHIP CO-CHAIR, at
520-360-2081

Signature _____
Date _____