

Soroptimist International of Eureka

P.O. Box 648, Eureka, CA 95502

New Member Form

Name:		
City:	Zip:	
Home Phone:	Work Phone:	
Cell Phone:	Email:	
Which method of contact d	lo you prefer? 🗌 Text 📄 Email 🗌 Hm	n. Phone 🗌 Wk. Phone 🗌 Cell
Employer:	Job Title:	
Birthday: Month	_ DaySpouse:	
Sponsor:	(person who invited you to join)	Date of Birth:
	u to Soroptimist.	
Which committee might l	be of interest to you? draising	
Signature:		_ Date:
<u>Club Dues:</u>		
July 1 to June 30:	New Member Dues \$195.00	Ck#CashPayPal
Prorated (January 1 to Ju	une 30): New Member Dues \$125.00	Ck#CashPayPal
Returning Member: Annua	ll Dues \$180.00 (due in June of each year)	
Mail dues & completed for	rm to SI/Eureka, P.O. Box 648, Eureka, CA	95502 or bring to a club
meeting. Contact Treasurer	r Kris Chorbi at <u>kchorbi5@yahoo.com</u> or ca	all (707) 498-9711 with any
questions.		
For Club Use:		
Dues Received Date:	Amount: Check/Cash:	PayPal:
Paid Region: Paid S	IA: Paid Fellowship: Ordered	l: Pin Name Badge
Email form to Membership C	Chair: Add to Club Roster online:	
		n Updated 7/2024