



MEMBERSHIP APPLICATION

Please complete and return this form with your new membership dues to:

Soroptimist International of Ukiah

P.O. Box 701

Ukiah, CA 95482

Attn: Membership Committee

Date: _____

Name: _____

Spouse / Partner: _____

Home Address: _____

Mailing Address: _____

Business Address: _____

Business / Employer: _____

Occupation: _____

Phone: (home) _____ (cell) _____ (work) _____

Email: _____

Birthday: ____ / ____ / ____ Anniversary, if applicable: ____ / ____ / ____

(Birth year is needed for SI registration, only month & day will be included in club directory)

Referred by: _____

(signature for media release)

Media Release: I hereby grant permission to Soroptimist International of the Americas (SIA) and/or its clubs to use my name, likeness and/or voice for all publicity purposes and in any media format. Media formats include, but are not limited to: newspapers, magazines, television, radio, film, photographs, and internet. SIA shall retain all rights to said materials.

DUES:

If you join July - December \$190.00

If you join January - June \$116.00

\$ _____

FINES & BRAGS* \$ 50.00

(May pay with your dues or pay by being asked questions at meetings by the "finetaker". We try to make this a fun time at our meetings.)

\$ _____

TOTAL ENCLOSED:

\$ _____

Method of payment: () check payable to SI Ukiah () cash

Welcome to Soroptimist International of Ukiah!