



New Member Application Form

For Fiscal Year beginning July of (please enter year here): _____

Form with fields: Name, Preferred Mailing Address, Business Name / Your Title, Phone #s (Home, Work, Cell), Email, Birthday, Spouse Name, Sponsor / Referred by. Includes DUES WORKSHEET section with membership options and payment instructions.

FOR OFFICE USE ONLY

Table for office use with columns for Payment Amt., Date Paid, Check #, Induction Date, Sponsor, Buddy, Membership Chair, Added to roster, Added to email list, Added to evite list, New Member Form 5008 filed with SIA?, Date submitted, New Member Form 5008 copy filed with DCR?, Date submitted, Amount payable to SIA, SIV-NCI Check #, Amount payable to DCR, SIV-NCI Check #.