



**SOROPTIMIST**  
*International of Vista*  
*& North County Inland* **Best for Women**

**Soroptimist International of Vista and  
 North County Inland**  
 P.O. Box 382  
 Vista, CA 92085-0382  
 (760) 683-9427  
 www.soroptimistvista.org

**New Member Application Form**

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

Name:		<p align="center"><b>DUES WORKSHEET</b></p> <p><i>NOTE: Our annual memberships are concurrent with our club's <b>fiscal year</b>, which is <b>July 1 – June 30</b>, and our New Member dues are prorated bi-annually based on the date you join.</i></p> <p align="center">Dues based on your JOIN DATE:          (Pick A or B)</p> <p>A) July 1 – June 30..... \$175.00          B) January 1 – June 30 ..... \$87.50          C) <i>One-time Initiation</i>  <i>Fee for New Members</i>..... <u>\$25.00</u></p> <p>TOTAL DUES (A or B plus C) _____</p> <p align="center"><i>Make check payable to "SI Vista NCI" and submit application and dues to:          Soroptimist International of Vista          and North County Inland          PO Box 382          Vista, CA 92085</i></p> <p align="center"><b>PLEASE SIGN AND DATE BELOW:</b></p>
Preferred Mailing Address ( <i>indicate Home or Business</i> ):		
Business Name / Your Title:		
Phone #s: (circle preferred number)	Home	
	Work	
	Cell	
Email:		
Birthday:		
Spouse Name:		Signature _____ Date _____
Sponsor / Referred by:		

I am interested in the following areas to serve the women and girls in my community (please check **all** that apply):

<input checked="" type="checkbox"/>	<b>Program:</b>	<b>Description:</b>
<input type="checkbox"/>	Human Trafficking	Efforts to bring awareness and prevention to human trafficking
<input type="checkbox"/>	Live Your Dream	Scholarship Programs for single women, head of household
<input type="checkbox"/>	Dream It, Be It	Encouraging middle school girls to set healthy goals and dream
<input type="checkbox"/>	Events	Supporting fundraising events
<input type="checkbox"/>	Social Media	Increase public awareness through Facebook and Instagram
<input type="checkbox"/>	Your Interests	

Membership Chair – attach to application before forwarding to treasurer.

FOR OFFICE USE ONLY

MEMBER NAME:		
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 #	

*Soroptimist Vista NCI New Member Application Form revised 9/10/19 K. DelBene*