



**SOROPTIMIST INTERNATIONAL OF EL CENTRO
MEMBERSHIP APPLICATION**

Email: sielcentro@soroptimist.net

Soroptimist International of El Centro, PO Box 23, El Centro, CA 92244

Date: _____

How did you hear about Soroptimist International of El Centro? _____

Why do you want to join? _____

I. PERSONAL INFORMATION

Name: _____

Home Address: _____

City: _____ State: _____ Zip code: _____ Country: _____

Home Phone: _____ Cellphone: _____

Email: _____

Birthdate: (MO/DAY/YR) _____

II. EMPLOYMENT AND/OR BUSINESS INFORMATION

Occupation: _____

Employer (Business): _____

Employer Address (Business): _____

City: _____ State: _____ Zip code: _____ Country: _____

Work Phone (Business): _____

Work Email (Business): _____

III. EMERGENCY CONTACT

Name: _____ Phone: _____

Relation: _____

VI. PREFERRED CONTACT METHOD

Preferred Phone Contact:	Home	Cell	Work/Business
Preferred Mailing Address:	Home	Work/Business	Email
Preferred Email:	Personal	Work/Business	



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V. MEMBER DUES

MEMBERSHIP DUES ARE \$130.00 ANNUALLY, RENEWAL DATE IS JUNE 15TH.

New membership dues (*first time member or reinstated member) are based on application date.

New Member Dues (Select month of application date) \$_____

[] July - December 2023 - \$150.00

[] January - June 2024 - \$97.00

SI El Centro Badge (Optional Onetime Fee) \$15.00 \$_____

Total Amount Enclosed \$_____

Cash

Check Please make payable to "Soroptimist International of El Centro

Credit Card Visa, Mastercard, AMEX, Discover, JCB or Union Pay logo

Cardholder's Name: _____

Credit Card Number: _____ Expiration Date _____

Security/CVV (on back of card, Amex front of card) _____ Billing Zip Code _____

Applicant Signature: _____ Date: _____

All information will be used solely for club records and will not be shared with any third party.

Please email completed application to Membership Chair at sielcentro@soroptimist.net.

If sending cash or check please mail to:

Soroptimist International of El Centro

P.O. Box 23

El Centro, CA 92244