



PO Box 2597 Sardis Station Main
Chilliwack BC V2R 1A8
SIChilliwack@Soroptimist.net

NEW MEMBERSHIP APPLICATION FORM

1. CLUB INFORMATION:

Soroptimist International of Chilliwack Club #: 122005

2. MEMBER INFORMATION:

Please select one New Member Transferring Member

Club Number: _____

Club Name: _____

Member Number: _____

First Name: _____ Last Name: _____

Mailing Address: _____ City: _____

Province: _____ Postal Code: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email address: _____ Birthdate: _____

Join Date: _____

Occupation: _____ Employer: _____

3. MEMBER DUES

Join Date July 1 – December 31 \$175.00 Join Date January 1-June 30th \$87.50

Please make cheques payable to: **Soroptimist International of Chilliwack**

E-transfers can be sent to sfisher@envisionfinancial.ca using the password Chilliwack

Please return form to Heather Rollins – Membership chair SI Chilliwack or email completed form to heatherrollins@shaw.ca