

Soroptimist International  
of the Americas  
Southern Region

Date: \_\_\_\_\_



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## New Member Dues Invoice

SI Club: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Club Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact phone: \_\_\_\_\_

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**Please remit when new members are added:**

Number of New Members \_\_\_\_\_ X \$20.00 Dues (July 1 to Dec. 31)      \$ \_\_\_\_\_

Names: \_\_\_\_\_  
\_\_\_\_\_

Number of New Members \_\_\_\_\_ X \$10.00 Dues (Jan. 1 to June 30)      \$ \_\_\_\_\_

Names: \_\_\_\_\_  
\_\_\_\_\_

**Dropped Members:** \_\_\_\_\_

Please enclose the following:  
Forms 5008 (for new members)  
Forms 5010 (for changes)

*Please remit dues to the above address as new members are added during the year.*

*Improving the lives of women and girls through local communities and throughout the world.*