Soroptimist International
of the Americas
Southern Region

Date: _____

Denise Held
4 Sea Drift Terrace
Ormond Beach, FL 32176
Email:
Dheld@southstatebank.com
Cell: 305-986-1715

Annual Invoice for Southern Region Dues

SI Club: _____

Name, Treasurer: _____

Club Address: _____

City, State, Zip: _____

Number of Regular Members _____ X $20.00 Dues $ _____

Number of New Members _____ X $20.00 Dues $ _____

Number of Life Members _____ No Dues

Total Membership _____

Mandatory Region Conference Fee + $200.00

District Meeting Fee + $25.00

Total : $ _____

Also enclose the following:

List of names of members who applied for Relief fund (this will be kept confidential)

Copy of Federation Roster

Form 200

Forms 5008 (for new members) (only if necessary)

Forms 5010 (for changes) (only if necessary)

Please remit dues, club roster, Relief fund members and completed Form 200 to the above address before July 15.

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