

Western Canada Region Soroptimist

Dues Billing for July 1, 2023-2024

Region dues for each Regular, Retired/Unemployed, or embarking member is \$50.00 per annum and each Life Member is \$30.00.

All clubs are also required to submit with their dues, a mandatory pre-conference registration fee of \$150.00. This is for three (3) delegates at \$50.00 each. When Delegates sign up for Region Conference \$50.00 is deducted upon registration.

ptimist Internation	nal of		
es			
 Regular Retired/Unemployed,Embarking 		\$50.00x	Members \$ Members\$
LifeMembersMembers yearl	y Special Risk <u>Ins.</u>		Members \$ Members\$
			\$\frac{150.00}{\$365.00}
Please make ch	Payable – <u>Jul</u>	_SIA, Western (\$Canada Region
OR_eTransfer t	o <u>siwcrtreas@gm</u> e: Copy of <mark>club</mark>		om headquarters
Club President ar	and COMPLE	TED copy of this l	
	CI	ubPresident	ClubTreasurer
Name			
Address			
Telephone/Cell			
Fax			
email			
MailTo:	Susan Barber		

Email: siwcrtreas@gmail.com

9829 Angus Drive Chilliwack, BC V2P 6A8

tel:604-785-3194



Western Canada Region Soroptimist Soroptimist International of the Americas, Western Canada Region

(To be used when new members join throughout the year)

Pro-Rated Dues Billing		Date:	<u>—</u>
Region dues for each regular, retired/ \$30.00. <u>Dues for new members are Pro</u>	• •	ing member is \$50.00 per annum and	each life memberis
Clubs are required to submit to the reg Federation and the Region between e	•	dues for each new member for which The Soroptimist year is July to June.	a 5008 is submitted to
Soroptimist International of			
Pro-Rated Dues are as follows for <u>eac</u>	<u>h new</u> member:		
ReinstatedMember	\$ 50.00x	_ Members	\$
July-December/23	\$ 50.00x	_ Members	\$**
January-June/24	\$ 25.00x	_ Members	\$**
Personal Risk Ins./ Member	\$15.00 X	_ Member (this is not pro-rated)	\$
Total Pro-Rated Due	s submitted	\$	_
***Note: prorated due	s should be submi	tted to Region each time a nev	v member is
added to your roster throu	ighout the year an	d a 5008 is submitted to Feder	ation. Please
remember to include amo	unt for Personal R	isk Ins./Member (this is not p	ro-rated).
Please make cheque paya	ble to:		
SIA, Western Canada Regi	on <u>OR</u> e-Transfe	er to: siwcrtreas@gmail.c	om
Please enclose a copy of 5008, N	ew Member/Reinstate	ment Form and completed copy of th	nis billing
Susan Barber			
9829 Angus Drive Chilliwa	ck, BC V2P 6A8		
Tel: 604-785-3194			