

A global volunteer organization that provides women and girls with access to the education and training they need to achieve economic empowerment.

## SOROPTIMIST INTERNATIONAL OF THE AMERICAS, INC.®

Licensing Application/Fee Payment

The licensing and use of SIA’s registered marks is governed by the [Use of SIA Registered Marks Policies](https://soroptimist.imgix.net/05-for-members/resources-and-information/federation-information/sia-use-registered-marks-policies.pdf) and SIA Procedures. ***Forms and payment must be submitted and receive approval prior to placing orders for merchandise****.* Please use **one form per item** for licensing. Send forms and payment to:

**Mail:** SIA Headquarters, 1709 Spruce Street, Philadelphia, 19103 USA -or- **Email:** siahq@soroptimist.org

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

**Club/Region Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Club/Region Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact person for any questions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Item description** (i.e. mug with vertical S logo, t-shirt with beaded S, pen with Soroptimist, etc.)—Attach design, phot of sample, or vendor-supplied artwork or sample to show SIA mark used on item(**must** be included for approval consideration).

 **Number of pieces to be produced:**

**Item to be sold at the following events**:

*Payment of $50 Licensing Fee***□ Check** (please make payable to Soroptimist International of the Americas) Check number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**□** **Bank wire transfer** (please indicate date of transfer)

**□ Credit card** American Express, MasterCard, VISA only

 **Credit Card Number**: **Expiration Date:**

**Cardholder’s Name:** **Security Code:**

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*For Headquarters Use Only*
 Applications may only be approved by the Executive Director/CEO or Senior Director of Information Services.

**Approved: □ Yes □ No By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Log number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Responded (attach copy):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_