



Recommendation for Membership

Name _____

Home phone _____ Work phone _____ Cell phone _____

Would you prefer to be contacted at: Home Work Cell (please check one)

E-mail address _____

Profession / Occupation _____ Employer _____

Other club / organization affiliations:

Why do you want to join Altrusa?

What is your vision for improving our community?

How did you hear about Altrusa?

Sponsor Name _____

Sponsor ID # _____

Co-Sponsor _____

Co-Sponsor ID # _____

Date Received _____

Membership Committee

- Approved
- Not Approved

Date _____

Initial _____

Club Board

- Approved
- Not Approved

Date _____

Initial _____