Altrusa International of _____

Recommendation for Membership

Name _____

Home address _____

Home phone _____ Work phone _____ Mobile phone _____

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

E-mail address _____

Type of Membership: Active ☐ Affiliate ☐ Young Adult ☐ (please check one)

Other club/organization affiliations:

Why do you want to join Altrusa?

What do you expect from Altrusa?

What will you add to Altrusa? (ex. Talents, skills, time, etc.)

Birthday _____
Month Day Year

Profession/Occupation _____

Sponsor Name _____ Sponsor's ID# _____

Co-Sponsor Date _____ Co-Sponsor's ID# _____

Initiated _____

Membership Committee Area

Approved

Not approved

Date _____

Initial _____

Altrusa Board

Approved

Not approved

Date _____

Initial _____