

# Recommendation for Membership

To be completed by the sponsors (please print or type)

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode/Postal Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Firm, Corporation or Organization \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode/Postal Code \_\_\_\_\_

Title of Position \_\_\_\_\_

Description of Responsibilities \_\_\_\_\_

\_\_\_\_\_

Nature of Business or Profession \_\_\_\_\_

Club or Organization Affiliation (include leadership positions held) \_\_\_\_\_

\_\_\_\_\_

Additional Remarks \_\_\_\_\_

Date: \_\_\_\_\_ Sponsor \_\_\_\_\_

Sponsor \_\_\_\_\_

Signatures of two active members

To be completed by Membership/Classification Chair (please print or type)

Is the proposed individual eligible for membership? \_\_\_\_\_

Classification \_\_\_\_\_

Is it currently  filled?  open?

Date: \_\_\_\_\_ Approved by \_\_\_\_\_

Signature of Membership/Classification Chair

Approved \_\_\_\_\_

Invitation Issued \_\_\_\_\_

Reason Invitation Declined \_\_\_\_\_

Dues/Fees paid (date) \_\_\_\_\_