



Altrusa International, Inc. of \_\_\_\_\_

**Recommendation for Membership**

(To be completed by the sponsor)

Name \_\_\_\_\_

Home address \_\_\_\_\_

Home phone number \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Would you prefer to be contacted at  Home or  Work (please check one)?

E-mail address \_\_\_\_\_

Firm, corporation or organization \_\_\_\_\_

Business address \_\_\_\_\_

Title/position \_\_\_\_\_

Nature of business or profession \_\_\_\_\_

Description of job responsibilities \_\_\_\_\_

\_\_\_\_\_.

Length of time in position \_\_\_\_\_

Other club/organization affiliations, with leadership positions \_\_\_\_\_

\_\_\_\_\_.

Why do you want to join Altrusa? \_\_\_\_\_

\_\_\_\_\_.

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(For completion by Altrusa)

Classification category \_\_\_\_\_ Birthday \_\_\_\_\_

Month Day

Membership Committee Area

Altrusa Board

Sponsor \_\_\_\_\_

Co-Sponsor \_\_\_\_\_

Date Initiated \_\_\_\_\_

<input type="checkbox"/> Approved <input type="checkbox"/> Not approved Date _____ Initial _____
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<input type="checkbox"/> Approved <input type="checkbox"/> Not approved Date _____ Initial _____
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