



Altrusa International, Inc. of _____

Recommendation for Membership

(To be completed by the sponsor)

Name _____

Home address _____

Home phone _____ Work phone _____ Cell phone _____

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

Email address _____

Other club/organization affiliations:

Why do you want to join Altrusa?

(For completion by Altrusa)

Birthday _____ Profession/Occupation _____
 Month Day Year

How do you want to receive your publications ____ Hard copy ____ Electronically

Sponsor Name _____ Sponsor's ID# _____

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

Date Initiated _____

Membership Committee Area

Altrusa Board

____ Approved

____ Not approved

Date _____

Initial _____

____ Approved

____ Not approved

Date _____

Initial _____