

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 () _____

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) _____

Membership Activity Report

Name _____ Date Initiated _____

Birthday _____ If married, spouse's name _____

Club Participation

Year	Committee	Member	Chair	Officer	Board Member

Special recognition outside of Altrusa

Year _____

Brief Description _____

District Participation

Year	Committee	Member	Chair	Officer	Board Member

Attendance at Conference

Year	Committee	Member	Chair	Officer	Board Member

International Participation

Year	Committee	Member	Chair	Officer	Board Member

Attendance at Convention

Year	Committee	Member	Chair	Officer	Board Member