



# 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)

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

Other club/organization affiliations:

Why do you want to join Altrusa?

(For completion by Altrusa)

Birthday \_\_\_\_\_  
Month      Day      Year

Profession/Occupation \_\_\_\_\_

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 \_\_\_\_\_