



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

Sponsor

Co-Sponsor

Date Initiated

Membership Committee Area:

Altrusa Board

Approved

Not approved

Date _____

Initial _____

Approved

Not approved

Date _____

Initial _____