

Recommendation for Membership

To be completed by the sponsors

Name:

Date of Birth:

Home Address:

City:

State: Ohio

Zip code/Postal Code:

Home Phone:

Business Phone:

Cell Phone:

E-Mail:

Firm, Corporation or Organization:

Business Address:

City:

State: Ohio

Zip code/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

To Be Completed by Membership Classification Chair

Is the proposed individual eligible for membership? Yes No

Classification:

Currently Filled? Yes No

Open? Yes No

Date:

Approved Signature:

Date Invitation Issued:

Reason Invitation Declined:

Dues/Fees paid (date):

Membership Activity Report

Name:

Date Initiated:

Club Participation

Year	Committee	Member	Chair	Officer	Board Member

Special recognition outside of Altrusa

Brief Description:

Year	Committee	Member	Chair	Officer	Board Member

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