

RECOMMENDATION FOR MEMBERSHIP

To be completed by the sponsor:

Name: _____ Birthday (month & day) _____

Home Address: _____
Street City State Zip

Home Phone: () _____ Business Phone: () _____

Email(s) _____ Name of Spouse: _____

Firm, corporation or organization: _____

Business Address: _____
Street City State Zip

Title or Position: _____

Description of responsibilities:

Nature of business or profession: _____

Length of time in position: _____

Club or organization affiliations (include leadership positions held):

Additional remarks: _____

Date: _____ Sponsor: _____

Sponsor: _____

Signature of two active or active (retired) members)

To be completed by the Membership Chairman:

Is the proposed member eligible for membership? Yes: _____ No: _____

Classification: _____

Is it currently filled: _____ open: _____

Date: _____ Approved by: _____

Signature of membership chair

Approved _____ Rejected: _____ Reason: _____
Date Date

Invitation _____ Issued _____ Accepted _____ Declined _____
Date Date Date Date

Reason invitation declined: _____

Dues/fees paid: _____
Date

See reverse side for membership activity record

