

ALTRUSA RICHARDSON RECOMMENDATION FOR MEMBERSHIP

Name: _____ Birthday (MM-DD-YY) _____

Home Address: _____
Street City State Zip

Primary Phone: Home Work Mobile _____ Spouse: _____

Secondary Phone: Home Work Mobile _____ Other #: _____

Email _____

Can you receive information electronically? Yes No

Firm, corporation or organization:
(If retired, list last position) _____

Business Address: _____
Street City State Zip

Title or Position: _____ Length of time in position (yrs): _____

Description of responsibilities: _____ Retired: Yes No

Other Significant
Employment Positions: _____

Club/Organization affiliations (include leadership positions held): _____

Why do you want to become an Altrusan?

Date: _____ Sponsor ID#: _____ Sponsor Name: _____

Sponsor ID#: _____ Sponsor Name: _____

(Two active or active (retired) members)

Membership Committee:

Altrusa Board:

- Approved
- Not Approved

- Approved
- Not Approved

Date: _____ Approved by: _____ Date: _____ Approved by: _____

Reason if not approved: _____

Invitation: Issued _____ Accepted _____ Declined _____
Date Date Date

Reason if invitation Declined:: _____

Initiation Event: _____ Dues/fees paid: _____
Date Date