

**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