

Altrusa International of Branch County Michigan Inc.  
Recommendation for Membership



**To be completed by the Sponsors:**

Application date \_\_\_\_\_

\*Name: \_\_\_\_\_

\*Address: \_\_\_\_\_  
Street City / State / Zip

\*Birth Month & Day: \_\_\_\_\_ \*Spouse/Partner Name: \_\_\_\_\_

Preferred Telephone: H B C # \_\_\_\_\_ 2<sup>nd</sup> Telephone: H B C # \_\_\_\_\_

Preferred Email: H B # \_\_\_\_\_ 2<sup>nd</sup> Email: H B # \_\_\_\_\_

Employer \_\_\_\_\_

Other Club or Organization Affiliations (include leadership positions held): \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

Sponsor Signatures: \_\_\_\_\_  
Signature Date  
Signature Date

Signature of Two Active or  
Active Retired Members  
Required

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**Membership committee checklist**

Review Date: \_\_\_\_\_ Reviewed By: \_\_\_\_\_  
(Membership Committee member)

Date Approved by Board: \_\_\_\_\_

Date Approved by Membership: \_\_\_\_\_

Date Dues invoice paid: \_\_\_\_\_ (Check to Treasurer)

Application Circulation by email

- Membership Committee
- New Member Orientation chair
- Communications Committee
- Treasurer Committee
- President