



Altrusa International of Branch County, Michigan

Recommendation of Membership

Name: _____ Date of Birth _____

Address: _____

Cell Phone: _____ Home Phone: _____

E-mail address: _____

How would you prefer to be contacted: **Home** **Cell** **Email** (Please check one)

Occupation _____

Business Address: _____

Spouse/Partner Name: _____

Sponsor Name: _____ Co-Sponsor: _____

Tell us a little about yourself:

Other club/organization affiliations (include leadership positions held):

Why do you want to join Altrusa:



Altrusa International of Branch County, Michigan

Are there any specific roles/positions you are interested in?

Initial Committee Choices

Committee Choice #1:

Committee Choice #2:

Additional Remarks/Questions:

Sponsor Signatures:

_____	_____
Signature	Date
_____	_____
Signature	Date

Signature of Two Active or
Active Retired Members
Required

Membership Committee Checklist

- Date Application Received: _____
- Review Date: _____ Reviewed By: _____
- Date Approved by Board: _____
- Date Approved by Membership: _____
- Date Dues Invoice Paid: _____
- Date Initiated: _____