

**Altrusa International of Muncie, Indiana, Inc.**

**Recommendation For Membership**

**Complete and Forward to Vice President**

Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Title or Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

(Club notifications and newsletter are sent electronically.)

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Community Involvement: (Professional and civic organizations, volunteer activities)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to join Altrusa?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sponsor: \_\_\_\_\_ Co-Sponsor: \_\_\_\_\_

Date of Orientation: \_\_\_\_\_ Date dues paid: \_\_\_\_\_

Date of Initiation: \_\_\_\_\_