



# Altrusa International, Inc. of Laconia

## Membership Application

Name \_\_\_\_\_

Home address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Would you prefer to be contacted at: Home  Work  Cell  (please check one)

E-mail address \_\_\_\_\_

Other club/organization affiliations:

Why do you want to join Altrusa?

Birthday \_\_\_\_\_  
Month Day Year

Profession/Occupation \_\_\_\_\_

Membership Committee Area:

Sponsor Name \_\_\_\_\_

Sponsor's ID# \_\_\_\_\_

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

Co-Sponsor's ID# \_\_\_\_\_

Date Initiated \_\_\_\_\_

Membership Committee Area:

Altrusa Board

Approved

Not approved

Date \_\_\_\_\_

Initial \_\_\_\_\_

Approved

Not approved

Date \_\_\_\_\_

Initial \_\_\_\_\_