

Recommendation for Membership

To be completed by the sponsors (please print or type)

Name _____

Home address _____

City _____ State _____ Zipcode/postal code _____

Home phone () _____ Business phone () _____

E-mail address _____

Firm, corporation or organization _____

Business Address _____

City _____ State _____ Zipcode/postal code _____

Title or position _____

Description of responsibilities _____

Nature of business or profession _____

Club or organization affiliations (include leadership positions held) _____

Additional remarks _____

Date _____ Sponsor _____

Sponsor _____

Signatures of two active or active-retired members

To be completed by Membership/Classification Chair (please print or type)

Is the proposed individual eligible for membership? _____

Classification _____

Is it currently _____ filled? _____ open?

Date _____ Approved by _____

Signature of membership/classification chair

Approved _____ Rejected _____ Reason _____

Date

Date

Date

Invitation Issued _____ Accepted _____ Declined _____

Date

Date

Date

Reason invitation declined _____

Dues/Fees paid (date) _____