Altrusa International of DFW, Inc.
Membership Application

Date of Application _____

First Name: _____ MI: _____ Last Name: _____

Preferred First Name: _____

Email Address: _____ Home Email ☐ or Work Email ☐

Home Phone: _____ Mobile Phone: _____

Home Address: _____

City: _____ ST: _____ Zip: _____

Altrusa Sponsor(s): _____

Birthday (month/day/year): _____

Occupation: _____ Employer: _____

Spouse's Name: _____ Children's Name(s): _____

Community Service Interests: _____

_____

Other Clubs or Organization Affiliations (include leadership positions held): _____

_____

_____

Additional Remarks/ Special Interests/ Hobbies: _____

_____

PLEASE RETURN COMPLETED APPLICATION AND PAYMENT TO:
Altrusa International of DFW, Inc., PO Box 92163 Southlake, TX 76092
-- OR-- to a Board member at any Altrusa meeting
MAKE CHECK PAYABLE TO ALTRUSA DFW.

New Member Dues (this includes local, International, and District dues, plus nametag)
If joining June- Nov $140 (membership thru current fiscal year ending in May)
If joining Dec- March $ 75 (membership thru current fiscal year ending in May)
If joining April-May $140 (14 month membership, thru the following fiscal year ending in May)

Questions? Charlee Hagan charlee@charleehagan.com 817-498-9152

FOR CLUB USE ONLY

Effective Date: _____ Date Pymt Rcvd: _____ Payment Type: _____

Entered into System: _____ By: _____ Member ID Number: _____

International Dues Paid: _____ District Dues Sent: _____

Membership Form Sent to District Gov: _____ Membership Form Sent to District Treas: _____

Revised 5/22/25 smh