



ASTRA CLUB of _____ APPLICATION FOR MEMBERSHIP Year ____ - ____

Name of Applicant: _____

Phone Number: _____ OK to Text? YES NO

Mailing Address: _____

City _____ State _____ Zip code: _____

Email address: _____ Grade: _____

Birth Date: _____ First-time ASTRA member? YES NO

Name of Parent(s)/Guardian: _____ Phone: _____

Parent Address: _____

Parent email: _____

Other Clubs you are involved with: _____

Hobbies/Interests: _____

Leadership positions you have held: _____

T-Shirts: Do you already have an ASTRA T-shirt? YES NO

If no, what is your T-shirt Size (*adult sizes*): S M L XL 2XL

Please check one committee you *might* be interested in:

(*all ASTRA members participate in service and other club activities regardless of the committee they serve on)

- MEMBERSHIP- *recruits members and plans fun membership activities*
- COMMUNITY SERVICE -*creates and conducts service projects*
- FUNDRAISING-*creates and organizes 1-2 fundraisers per year*
- PUBLICITY-*publicizing monthly meetings and activities*
- PROGRAMS -*contact community speakers to talk at meetings*
- NOMINATIONS & ELECTIONS-*oversee club elections*

Photo Release: I hereby give Altrusa International, Inc. the absolute right and permission to use my images in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in publication, print ad, electronic media or other forms of promotion. I acknowledge Altrusa's right to crop or treat the photograph in its discretion. I waive any right to compensation arising from or related to the use of the photographs. I acknowledge that Altrusa owns the photograph.

The signature of the individual(s) on this form indicates approval for the use of ASTRA related photographs as indicated above. _____ I DO NOT give photo release permission.

Consent for Involvement of Minor: I hereby give permission for my minor child to participate in the meetings and activities, including volunteer service, of this ASTRA Club.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Applicant's Parent/Guardian (of minor): _____

ASTRA Membership Chair

Altrusan: _____

Date Recorded: _____