

ASTRA ALUMNI INFORMATION SHEET

To be completed by all ASTRA members <u>ages 18 years and older</u> who are currently members of an ASTRA Club or are ASTRA Alumni

ASTRA Members and ASTRA Alumni:

Thank you for serving in your local ASTRA club, whether it was this past year or a number of years ago! We hope that you enjoyed the leadership and service opportunities provided by ASTRA. We have continued to expand our worldwide ASTRA program and seek your help in creating an ASTRA Alumni database. This database will allow us to stay connected with you (only periodically) and share great opportunities for your talents and interests, while respecting your time.

From continued community service through a local Altrusa club, to being mentored by Altrusans in your professional field in the next chapter of your life, having fun with other active volunteers who careand as ASTRA alumni, even working to inspire younger ASTRA club members—there are plenty of great opportunities so please help us stay in periodic contact with you. You grew in service with ASTRA. Let's continue making a difference in our communities together! We hope you consider Altrusa membership in your future. For now, we wish you the best and invite you to complete this brief "fillable" survey and submit it (preferably by May 30th) by emailing it to <u>altrusa@altrusa.org</u> with a copy to your club's sponsor(s). Thank you!

| First Name: | Last Name: |
|---|---|
| Address: | |
| Address: | |
| Address 2: | |
| City/Town: | |
| State/Province: | |
| Zip/Postal Code: | |
| Country: | |
| Current Email: | |
| If your email will be changing due to scho | ool or work, also provide your new email address: |
| Cell phone #: | |
| What is the preferred way to get in touch ☐Call ☐Text ☐ Email | n with you (<i>check any that apply</i>): □Facebook □Remind App □Other: |
| I belong(ed) to an ASTRA Club: | |
| ☐in a high school setting ☐in | a college/university setting in a community setting |
| Name of ASTRA Club: | |

| Ν | ame of high school or college that you are attending or have graduated from (if applicable): High School Name: |
|----------------|--|
| | Year of graduation: |
| | College/University/Technical School Name: |
| | Year of graduation: |
| | Does/did your college/university have an ASTRA club? |
| | ☐ Yes ☐ No ☐ Not sure |
| Lá | ater this year, I will be: |
| | ☐Attending a 2 year college or technical program |
| | Name of college: |
| | ☐Attending a 4 year college |
| | Name of college: |
| | ☐Attending a Masters, PhD or other Graduate level program Name of college: |
| | ☐Serving in the military |
| | □Working |
| | City/State where you will be working: |
| | ☐Not sure what I will be doing next☐Other: |
| pi pi gi | Itrusa membership is open to all men and women and provides opportunities to build a personal and rofessional network, be mentored, develop and practice leadership skills, create impactful projects, articipate in hands-on community service, and facilitate meaningful change in communities around the lobe. |
| in | I <i>might</i> be interested in becoming an Altrusan. Please have someone contact me to provide more formation. |
| st ui pi | I confirm that I am at least 18 years of age and that I agree to have the information in this survey cored in the International ASTRA Alumni database. This data will not be shared with third parties. I inderstand that I will receive an email from Altrusa International with a password for me to access my ersonal contact information to update it as needed, and that I will only be contacted periodically by ltrusa and will have the right to opt out of future emails. |
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| (11 | pdated January, 2022) |
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