

CONFERENCE MEMORIAL SERVICE REQUEST FORM

Each year District Eleven holds a Memorial Service at the Conference to acknowledge District Altrusans who have passed away in the last year. District Clubs may honor deceased members with a special memorial by filling out and sending in this form.

Altrusa Club: _____

Name of Deceased Member: _____

Optional Date of birth: _____ Date Deceased: _____

Member of Altrusa since: _____

Offices held: _____

Photos included: ___Yes or ___No Digital photos in jpg. format please!

List any memories you would like share: _____

Submitted by: _____

Contact email & phone number: _____

Contact information of member who will participate in Memorial Service at Conference:

Name: _____

Contact phone: _____

Contact email: _____

Please submit by March 31st to:

Judy Sorensen, Memorial Services Chair
561 Security Court
Oceano, CA 93445
Cell: 805-680-3890
judithsorensen@gmail.com