



Zonta Club
of
CHARLEVOIX AREA
Michigan

ZONTA



INTERNATIONAL

Prospective Membership Form

To: Organization, Membership and Classification Committee, Zonta Club of _____
(Please fill out as much as you can about the prospective member)

Prospective Member's name _____

Approximate age _____

Home Address: _____

Telephone number (residence) _____ (business) _____

Fax number(s)(r/b) _____ e-mail(s)(r/b) _____

Occupation/profession _____ Title: _____

Firm or Institution _____

Business Address _____

Prospective member is (circle one): Owner Partner Employee

Is the prospective member:

Working at least 50% of a full working week at the job listed? _____

A friend? _____ A business acquaintance? _____ other? _____

Comments _____

Signature and Date submitted: _____

Space for OMC Committee comments: