



PROSPECTIVE MEMBER FORM

Email your completed application to the Membership Chair,
Louise McColgin at louisemccolgin@gmail.com.

Date:

Name:

Birthdate:

Full DOB is required by Zonta International.

I am at least 18 years of age and 35 years of age or younger and am interested in the Young Professional membership.

Home Address:

Street

City

State

Zip

E-mail Address:

Please indicate preferred phone number to be used: Home: Cell: Work:___

Home Phone:

Cell Phone:

Work Phone:

Receive

Texts Yes No

:

Employed at:

Title:

Employer's Address:

Street

City

State

Zip

Briefly describe what your job responsibilities are/were:

What types of community service activities are of greatest interest to you?

What special talents/expertise/skills do you have to offer Zonta? (e.g., Advocacy, social media/Web, PR, Fundraising, Multi-Lingual, Event Planning, Arts, Budgeting, Computer/Word Processing Skills, etc.)

Do you have a friend or business associate in Zonta? Yes No If a member of our club, has she offered to be your sponsor? If yes, please indicate their name:

How did you hear about Zonta?

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Membership Committee Use Only

Board Approval: Date:

Mentor/Sponsor: