

Prospective Member Questionnaire Form

Submit to zontawarren@gmail.com or mail to Zonta Club of Warren, PO BOX 335, Warren PA 16365

Thank you for your interest in learning more about membership in a Zonta club. Shortly after your information is received the Zonta Membership Chair will contact you.

First Name		Last	Last Name	
Address:				
City	State	Zip Code	Country	
Telephone (home)		(work)		
Mobile		Email		
Occupation/ProfessionJob/Position Title				
I am: Owner	Partner	Manager	Employee	Retired
benefit won	e to service a for/contribusen through i	•	n local and internati ta International Fou	ional projects that
YES NO				
Please contact me by	Phone (ho	me) Phone (wo	rk) Mobile	Email Mail
I heard about Zonta A business associ- A current member Internal search engine	ate Local Zo	nal	e Zonta In-	A local Zonta club ternational website

Note: Zonta International does not directly fund individuals or local projects.

The Process

After you receive more information about Zonta, you may be interested in becoming a candidate for membership. This application will be submitted to the club membership committee, who reviews applications for membership, and presents the names of all candidates to the club board with its recommendations.

A candidate must come from a recognized business or profession and be willing to actively support and implement the Objects of Zonta International Bylaws. All candidates for membership, meeting the requirements for membership as stated in the Zonta International Bylaws, shall be con-