



Zonta Club of Warren

Member of Zonta International®

Prospective Member Proposal Form

TO: Membership Committee

FROM: _____ (Sponsoring Member Name) DATE: _____

I would like to submit the following Name for Membership:

Name: _____

Home Address: _____

Occupation / profession: _____ Job/Position Title: _____

Firm or Institution Name: _____

Owner Partner Manager Employee

Business Address: _____

Business Telephone: _____ Fax Number: _____

E-mail Address: _____ Home Telephone: _____

What is the approximate length of service in the firm or the length of time the individual has practiced the profession: _____

Does the individual give 50% or more of time to the business or profession listed? Yes No

Other club affiliations: _____

Is the individual a friend or business acquaintance? _____

Other comments: _____

Signature of Sponsoring Member: _____