

Membership Application



ZONTA

CLUB OF
MICHIGAN CAPITOL
AREA

MEMBER OF ZONTA INTERNATIONAL

EMPOWERING WOMEN
THROUGH SERVICE & ADVOCACY

Name: _____

Home Address: _____

Telephone Numbers

Home: _____

Business: _____

Cell: _____

Email: _____

Occupation/Profession: _____

Title: _____

Description of job responsibilities or prior experience in profession (note duration)

Business name & type: _____

Business Address: _____

Business Phone: _____ Business Fax: _____

Member is (check one) : Owner Partner Employee Retired

If you have a club sponsor, what is your relationship to that member (check one)

Friend Business Acquaintance Relative (specify) _____

Other: _____

How did you initially become aware of the Zonta Michigan Capitol Area Club? Check

one: Zonta International/ District 15/ Club websites Newspaper Magazine
 Friend Business Acquaintance Zonta Event (specify) _____
Other (specify) _____

Name and date If you have a club sponsor, give the application to that member.
Otherwise, mail the application to ZCMCA Membership Chairperson at PO Box 11148,
Lansing, MI 48901

Signature _____ Print Name _____ Date _____

INVITATIONS FOR MEMBERSHIP ARE EXTENDED BY THE MEMBERSHIP
COMMITTEE ONLY AFTER APPROVAL BY THE CLUB BOARD OF DIRECTORS

ZCMCA member/sponsor comments about prospective member's character, business
reputation, etc.

Sponsor name and date

Signature _____ Print Name _____ Date _____