



### Prospective Member Questionnaire Form

Membership in a Zonta Club is by invitation. Members are actively engaged in supporting and implementing the mission of the organization and have experience in a decision-making capacity in a recognized business or profession. If you meet this criteria and are interested in becoming a member of the Zonta Club of Melbourne, please complete the following information and submit your application along with a \$50.00 check to P.O. Box 417, Melbourne, FL 32902-0417 or to any club member. For more information, contact Sandy Michelson at 321-729-0755 or send an email inquiry to [zontaclub.melbourne.fl@gmail.com](mailto:zontaclub.melbourne.fl@gmail.com). We look forward to your membership.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_ Job/Position: \_\_\_\_\_

Firm or Institution Name: \_\_\_\_\_

I am:  Owner  Partner  Manager  Employee

I am active or have been previously active in the profession listed above  Yes  No

I am willing to commit time to service and advocacy projects in my community  Yes  No

I am willing to contribute financially to and raise money for local and international projects benefitting women:  Yes  No

Business Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone Number (residence/cell): \_\_\_\_\_ (business): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_

Please contact me by:  Phone (residence)  Phone (business)  Email  Cell

Best time to contact me is:  Morning  Afternoon  Evening

I heard about Zonta International through:  A friend  Local Zonta Club  Business Associate

Current Zonta Member  Local Zonta Club Website  Zonta International Website

Internet Search Engine  Newspaper/Magazine  Television/Radio  Other

Signature: \_\_\_\_\_

Date: \_\_\_\_\_