



Zonta Club of Traverse City

Member Application

Applicant Information

Full Name: _____ Date of Birth: _____
First Last Month / Date / Year (optional)

Home Address: _____
Address City State ZIP Code

Preferred Phone: _____ Email _____

Employment/Community Work

Employer/Business: _____

Business Address: _____
Address City State ZIP Code

Phone: _____ Email _____

Current/Last Position: _____

Briefly describe duties and position: _____

Professional/Civic Organizations: _____

Sponsors

Sponsored By: _____
Name Telephone Date

Sponsored By: _____
Name Telephone Date

Notice: Sponsor's attendance is REQUIRED at the next Membership Committee meeting to have this application considered.

(OVER)

Membership

Please describe
your personal and
professional
attributes that
support the
Zontian mission:

How did you hear
about Zonta Club
of Traverse City?

I have reviewed the requirement of membership to the Zonta Club of Traverse City and agree to serve the club through committee, volunteer and leadership responsibilities.

Signature: _____ Date: _____

Please send completed application to:
Zonta Club of Traverse City, Membership Chair
PO Box 1412
Traverse City, MI 49685

Or Email: zontaclubtraversecity@gmail.com

Committee Use Only

Classification Code: _____ Date of Submission: _____

Board Approval YES NO

Date: _____

Date joined Month/Year _____

Committee Assignments: (2) _____