

Prospective Member Questionnaire Form

If you are interested in joining the Zonta Club of St. Louis,
please return the following information to our Membership Chair:

Linda White
8721 Charlton Lane
Affton, MO 63123
Attn: Zonta Club of St. Louis

First Name: _____ Last Name: _____

Occupation / Profession: _____ Job/Position Title: _____

Firm or Institution Name: _____

I am: Owner Partner Manager Employee Retired

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

I am willing to contribute financially and to help raise money for local &
International projects that benefit women: Yes No

Residential Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (home): _____ (cell): _____

E-mail: _____

Please contact me by: Phone (home) Phone (cell) E-mail Mail

The best time to contact me is: Morning Afternoon Evening

I heard about Zonta through:

- Another Club Member _____ Friend _____
- Zonta St. Louis Club Website Zonta International Website Another Club _____
- Newspaper / Magazine _____ Internet Search Engine _____
- Other: (please specify) _____

Signature _____

Date _____

- Thank you for your application. I will be contacting you soon. Your application will be reviewed for approval at our monthly board meeting. You will be contacted following the approval process to schedule your induction. Please feel free to contact me at any time: Linda White 636-875-0095 or lindawhite.stl@gmail.com