



ZONTA CLUB OF BILLINGS

CONFIDENTIAL MEMBERSHIP PROPOSAL FORM

Name _____ (Miss, Mrs., Ms., Dr.)

Home Address _____ City _____ Zip _____

Phone _____ Email _____

Education & Degrees held _____

Business, Firm or Institution _____

Business Address _____ City _____ Zip _____

Business Phone _____ Position/Title _____

Owner _____ Partner _____ Employee _____

What executive/professional position does she hold? _____

How long has she practiced in this profession? _____

With this business, firm or institution? _____

Does she give 50% or more of her time to this occupation? _____

Is she available to attend the two monthly meetings on a regular basis? _____

If no, is she available to work on the monthly service projects? _____

Other Club and/or Professional Affiliations? _____

Friend or Business Acquaintance? _____

Age Range (check one): 20-29 30-39 40-49 50-59 60+

Additional Comments _____

As the sponsor, will you be available to be actively involved with this new member, for at least three months, bringing her to luncheon meetings, introducing her to the membership, getting her involved in membership projects and the committee you serve on? _____ If this is not possible, a co-sponsor can be assigned to a new member. Yes, I would like a co-sponsor assigned. _____

Date: _____ Sponsor Signature _____

Proposed members will be authorized by the Membership and Classification Committee then presented to the board for approval with the Club being informed of all applications.

SUBMIT THIS FORM TO A MEMBERSHIP CO-CHAIR