



Information Request Form

I. Identifying Information

Name: _____

Address: _____

City: _____ Zip: _____

Telephone: Home: _____ Cell: _____

Email Address: _____

II. Place of Employment

Company: _____

Address: _____

City: _____

Telephone: _____

Position/Title: _____

Part-time (minimum if 20 hours): _____ Full-time: _____

III. Business/Profession (Please specify academic credentials, i.e., CPA)

Zonta International is a global organization of executives and professionals working together to advance the status of women worldwide through service and advocacy.



IV. Community Involvement

Please list your current volunteer service activities and memberships in local professional organizations. Highlight leadership roles.

V. Why are you seeking Zonta membership?

Thank you for your interest in Zonta. Please complete and mail to:

Angela Wilkes
Membership Committee Chair
23811 Chagrin #170
Beachwood, OH 44122

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