



Membership Application Zonta Club of Jefferson City

Please complete this form and return it to:

thomasherris@missouri.edu **or**

Sherri Thomas 1511 Pleasant Valley Drive, Jefferson City, MO 65109

<i>Sponsor's Information</i>	
Have you been referred by a current member of Zonta? Member's Name:	
Have you attended a Zonta meeting or program? If so what/when.:	
Today's Date:	
<i>Prospective Member's information:</i>	
Name:	
Birthday (Month, Day, Year):	
Home Email:	
Work Email: <small>(Please indicate if the Zonta correspondence should be sent to your home or business e-mail address)</small>	
Home Phone: Mobile Phone: Work Phone:	
Home Address: <small>(Please indicate if the Zonta correspondence should be sent to your home or business address.)</small>	
Name of Employer:	
Business Address:	
Business Title or Profession:	
Clubs and Organizations that you belong to:	
Other information you would like to share:	