



# Zonta Club of Alpena

## Member of Zonta International

*Advancing the Status of Women Worldwide*

### **NEW MEMBER INTENT FORM**

1. \_\_\_\_\_ I am pleased to accept your invitation to become a member of the Zonta Club of Alpena.

2. \_\_\_\_\_ I am unable to join at this time, but would like to be reconsidered later.

Please indicate when: \_\_\_\_\_

3. \_\_\_\_\_ I do not wish to join.

4. \_\_\_\_\_ I would like my sponsor to meet me at a Zonta Club meeting **before** I make my decision.

We look forward to receiving your response. If you would like to attend a business or program meeting, you are welcome to join us. Your only obligation is to pay \$10.50 for the lunch that is provided. You are not a member of the club until you pay your dues (at which time lunch is included).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Any other questions or concerns may be directed to the following member of the Membership Committee:

Joyce Brilinski Membership Chair

joybril@chartermi.net

**Please bring this form to the next business meeting or mail it to:**

Joyce Brilinski  
PO Box 185 Alpena, MI 49707

Please complete attached form.

**ZONTA MEMBER BIOGRAPHY/ INFORMATION SHEET**

**Personal Information**

Full Name (First, Middle, Last) \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business or Profession: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Number of Years at Current Position: \_\_\_\_\_ Number of Years in Community: \_\_\_\_\_

**Civic/Professional/Social Affiliations**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Hobbies/Special Interests**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_