



Membership Enrollment Form

Name:

Birthdate:

Home Address:

Home Telephone:

Business Telephone:

Cell Phone:

Business Address:

Preferred e-mail:

Position Title:

Length of Service in Profession:

Firm or institution:

Please indicate if you are (circle) Owner Partner Employee

Do you give 50% or more of your time in a decision-making capacity to the business or profession listed? Yes No

Information you would be willing to share with the memberships so that we can get to know about you:

Other club affiliations:

Personal Interests:

Family:

Signature:

Date:

Please complete this enrollment form and return to:

Joyce Combs, Membership Chairperson

Zonta Club of Defiance

Comments for OMC Committee- **For Zonta Use only –

Classification code _____ Year joined _____

Return completed form to Joyce Combs at joyce.combs@gm.com