Membership Application Form

Thank you for adding your voice to empower women by seeking to join our club and become part of the larger global community of Zonta International. Please submit the completed form to:

Member Type: Club			
MEMBER	ER Reinstating member 30 years of age)		
First Name:	Last Name/Surname:		
Address:			
City:	State/Province (if applicable):		
Postal Code:	Country:		
Home Telephone:	Mobile/Cell Phone:		
Email:	Occupation/Title:		
Date of Birth (DD/MM/YYYY): *Required for young professional dues rate	Gender: Female Male Other		

I am a Zonta Education Award recipient (Please specify):

	Amelia Earhart Fellowship	☐ Jane M. Klausman Women in Business Scholarship	O Young Women in Public Affairs Award
🗌 I was a Z	Club / Golden Z Club m	ember (Please specify club and country):	
I am a for	rmer Zonta Club Membe	r (Please specify club and country):	

Please list your interests, skills, languages and other affiliations:

Zonta International is a global network of more than 29,000 members committed to securing a world where gender equality is a reality. Please confirm:

- □ I am committed to upholding the mission, objects and vision of Zonta International and I shall comply with the rules and polices of Zonta International. Please email <u>memberrecords@zonta.org</u> if you wish to view the governing documents which are currently located on the "member only" part of the website.
- I give my consent to the Zonta club to store the personal membership information I have provided by applying for membership and added during my membership years, including photographs taken of me in connection with Zonta activity. I undertake to renew or withdraw this consent on an annual basis.
- I undertake not to sell, rent or disclose any member data information in my possession, to any third party.

DUES

Member Type	Dues (All levels)	
Club Member		
Young professionals (under 30)		
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Please Note: Members joining from 1 December – 31 May will pay annual renewal dues by 1 June for the following year.

Notes: The Zonta year is 1 June - 31 May; Zonta Headquarters is located in the USA. The new member / reinstatement fee is included in the dues amounts above. North American Zontians pay an additional US\$3. Membership is not complete until both this form and payment are received and processed.

*Half-year dues rate for members joining 1 December – 31 May.

PAYMENT		
Payment type	Where to submit	How to submit

We want others to learn about our work and join us. Please tell us how you learned about Zonta International.

I learned about Zonta through: A friend or family member Zonta education award Current or former Zonta member	 Club/Zonta International website Z or Golden Z Club 	Social media Other:
Please provide the name and the best way to c	ontact someone you know who may be inte	rested in joining Zonta:
Name:	Phone/Email:	
Signed:		
Name (printed):		

Thank you for completing this application form. Shortly you will receive an acknowledgment.

For more information, visit www.zonta.org/join.

FOR CLUB USE ONLY		
Classification Code:	Date Received:	Date Approved by Club:
Date Approved by Membership	Committee:	Date Submitted to District:

Date: