

# 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  Young professional (under 30 years of age)  
 Reinstating member

**MEMBER**

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): <small>*Required for young professional dues rate</small>	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other

- I am a Zonta Education Award recipient (Please specify):  
  - Amelia Earhart Fellowship  Jane M. Klausman Women in Business Scholarship  Young Women in Public Affairs Award
- I was a Z Club / Golden Z Club member (Please specify club and country): .....
- I am a former Zonta Club Member (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 [memberrecords@zonta.org](mailto:memberrecords@zonta.org) 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	<input type="checkbox"/>
Young professionals (under 30)	<input type="checkbox"/>

**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
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

**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 contact someone you know who may be interested in joining Zonta:

Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Signed: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_

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

For more information, visit [www.zonta.org/join](http://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: