

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		Member Type: ☐ Club member ☐ Young professional (under 35 years of age) ☐ Reinstating 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): *Required for young professional dues rate		Gender: ☐ Female ☐ Male ☐ Other	
Social Media Handles: (Facebook), Instagram, LinkedIn) :			

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

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 policies of Zonta International. Please email 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.

Please write a short essay on why you would like to join Zonta:

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 | ☐ Club/Zonta International website | ☐ Social media |
| ☐ Zonta education award | ☐ Z or Golden Z Club | ☐ Other: |
| ☐ Current or former Zonta member | | |

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.