



Membership Application

Please email your completed application to
Brewerton@ZontaDistrict2.org
Attn: Membership

1. Basic Information

First name: _____ Date: _____
Street address: _____ Last name/Surname: _____
Postal code: _____ City: _____
Telephone: _____ Country: _____
Languages Spoken: _____
Birthday month and date: _____ Email address for Zonta communication: _____
(And year, if applying for Young Professional membership)

2. History of previous or current membership in Zonta (if any)

3. Occupation or Profession, Position Title:

4. Hobbies & Interests:

5. Social Media Accounts: (circle all) Twitter, WhatsApp, LinkedIn, Instagram, Blog or Website

6. How did you hear of Zonta International?

I am familiar with Zonta International and would like to join the Club of _____.
I commit myself to the mission, purpose, and principles of Zonta International. Yes or No
I confirm my membership by paying dues today, and annually in May. Yes or No
I am interested in a position on the new club board. Yes: ___Director, ___Treasurer___Secretary___Vice President ___President
No_____

Member Candidate Signature

Date

Sponsor/Recruiter Signature

Date

Accepted by Club on _____Date. Signature of Membership Chair_____

Submitted to District & ZI _____Date. Signature of Treasurer _____