



ZONTA
INTERNATIONAL
DISTRICT 1

Zonta District 1
Attn: Membership Chairman
PO Box 1034, Belchertown, MA 01007
413-219-8260 | info@zontaqv.org

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 your sponsor or the address above.

First Name: _____ Last Name: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____ Country: _____

Preferred Phone Number: _____ E-mail: _____

Date of Birth: DD/MM _____ Gender: Female Male Other
(include birth year if under age 35 to get the young professional dues rate)

Occupation / Title: _____

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

How did you learn about Zonta International? _____
Suggestions for reaching potential members? _____

Zonta International is a global network. Members are 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 am willing to commit time to service and advocacy projects in my community.

As I am able, I am willing to contribute financially to and raise money for local & international projects that benefit women:

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 will not sell, rent or disclose any member data information in my possession to any third party.

Signature _____ Date _____

FOR CLUB USE ONLY

Date Received _____ Date Approved by Club _____ Date Submitted to District _____