



Individual Member Application Form

Thank you for adding your voice to empower women by seeking to join our global organization. Please submit the completed form to memberrecords@zonta.org.

Member Type: New individual member Young professional individual (under 30 years of age)
 Reinstating as individual

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: <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):

Zonta International is a global network of more than 27,000 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 Zonta International and Zonta International Foundation 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, on Zonta's servers in the USA. 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. For more information please view the Zonta International privacy policy at <https://www.zonta.org/Privacy>.

We want to keep in contact with you and ensure you are up to date with Zonta's work globally and locally. Please check the boxes below to confirm your agreement to the following.

- I would like to receive communications from Zonta International.
- I give my permission to be included in the Zonta International online member directory.

DUES

Member Type	Join Date	Dues
Individual member	1 June – 30 November	<input type="checkbox"/> US \$103
	1 December – 31 May	<input type="checkbox"/> US \$59
Young professionals (under 30)	1 June – 30 November	<input type="checkbox"/> US \$59
	1 December – 31 May	<input type="checkbox"/> US \$37

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. Membership is not complete until both this form and payment are received and processed.

PAYMENT

Payment type	Where to submit	How to submit
<input type="checkbox"/> Credit Card	A PayPal Invoice link will be sent to the email address listed above.	Click the link provided in the email from memberrecords@zonta.org and follow the provided instructions for payment.
<input type="checkbox"/> Check/Money Order	Zonta International 1919 Paysphere Circle Chicago, IL 60674 USA	Make payable to Zonta International; Include "Individual Membership" on the check / money order and mail with this form.
<input type="checkbox"/> International Wire – EUR	An email will be sent to the email address listed above with SEPA details and the current accepted exchange rate.	Due to the volume of SEPA's, detailed information must be included with your transfer.

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:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> A friend or family member | <input type="checkbox"/> Zonta International website | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Zonta education award | <input type="checkbox"/> Z or Golden Z Club | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Current or former Zonta member | | |

Signed: _____

Name (printed): _____

Date: _____

Thank you for completing this application form. Shortly you will receive an acknowledgment and information about how you can engage in our work.

If you have questions or need to transfer to or from a club, please contact the Zonta International Headquarters Membership Team at memberrecords@zonta.org. Please note: If an individual wishes to transfer to a club, local and district dues are paid locally.