



Supporting 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.

Please note this form is not intended for adding new club members.

Member Type: New supporting member New young professional supporting member (up to 35 years of age)
 Reinstating supporting member Reinstating young professional supporting member

First Name:	Last Name/Surname:
Address:	
City:	State/Province (if applicable):
Postal Code:	Country:
Mobile/Cell Phone:	Home Phone:
Email:	Occupation/Title:
For young professional verification only Date of Birth (Month/Year):	

I am new to Zonta, tell me how I can get involved!

I am a former Zonta club member (Please specify club and district):

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

 Amelia Earhart Fellow JMK Women in Business Women in Technology Young Women in Public Affairs

I was a Z Club or Golden Z club member (Please specify club and country):

Zonta International is a global network of individuals 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 "members only" part of the website.

I give my consent to Zonta International and the Zonta Foundation for Women 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 acknowledge I may contact Zonta members for professional fellowship and advocacy purposes, but direct sales and solicitations to fellow members are prohibited unless requested by another member.

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

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
Supporting Member	1 June – 30 November	<input type="checkbox"/> US \$103
	1 December – 31 May	<input type="checkbox"/> US \$59
Young professionals (35 or under)	1 June – 30 November	US \$59
	1 December – 31 May	<input type="checkbox"/> US \$37

Please Note: Members joining from 1 December – 31 May will receive the annual renewal notice 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. Your access to www.zonta.org and our community is immediate; however, official membership is provisional until the application is reviewed at the next meeting of the Zonta International Board. Upon acceptance, you will be notified and receive your official membership information.

PAYMENT

Payment type	Where to submit	How to submit
<input type="checkbox"/> Credit Card	Follow the link to submit your information and pay online: zonta.org/Individual_Membership	Click the link provided 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 "Supporting Member Dues" 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:

- A friend or family member
 Zonta International website
 Social media
 Zonta education award
 Z or Golden Z Club
 Other:
 Current or former Zonta member

Signed: _____

Name (printed): _____

Date: _____

Thank you for completing this application form. You will receive an acknowledgment shortly 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.