



Membership Application

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

1. Basic Information

First name:
Street address:
Postal code:
Telephone:

Date:
Last name/Surname:
City:
Country:
Languages Spoken:
Email address for Zonta communication:

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?

MEMBER COMMITMENT (Check Mark= Yes)

I am familiar with Zonta International & wish to join the Zonta Club of Brewerton. ____.

MISSION: I commit to the mission, purpose, and principles of Zonta International. ____.

DUES: I will pay my membership dues now and annually every May 30th. ____.

ATTENDANCE: I will attend the monthly meetings (3rd Wednesday, via Zoom or in-person) and notify the board if an emergency prevents my attendance. ____.

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 _____