

Membership Application

Members of the Zonta Club of Syracuse support the mission, purpose, and principles of Zonta International. We meet at 6:00 pm on the 4th Thursday of each Month excluding July & August.

Members are expected to:

- Commit time to service and advocacy projects in their communities
- Contribute financially to local club events and international projects that benefit women/girls
- Pay dues upon submitting this application & understand that dues are paid annually in May

Please complete the following information and submit to the Membership Chair listed below

Full Name			
Address			
Home Phone	Cell Phone		
Personal Email			
Birthday	(Month)	(Day)	
Name of Zonta Club	member referring you? If ap	pplicable	
Social Media Accour	nts (Facebook, Instagram, X,	etc.)	
Current or Past Occu	upation(s):		
Why are you interes	ted in joining Zonta? (Check	k all that apply)	
l want to serve	e my community.		
I want to be a	n advocate for women and g	girls.	
l want to expa	ind my knowledge of gender	r equality issues locally and globally.	
I want to netw	vork with people who share	my interests and passion for making a difference.	
How did you hear at	pout Zonta?		

What other clubs, affiliations, associations are you a part of and what role do you play in that organization? (President, Committee Chair, Member, etc....)

Tell us about yourself. What are your hobbies and interests?

Signature_____ Date_____

Full year membership from June 1^{st} - May 31^{st} is: \$155 (\$135 + One time \$20 induction fee).

Young Professionals (under age 35) full-year membership will be \$106.

Half-year membership rates are available for members joining from Dec 1- April 30th.

Mail your membership application and check to: Membership Chair, Debbie Vecchio, 4697 Starlite Lane, Syracuse NY 13215 . Questions? Email me at <u>tndvecchio@aol.com</u>

Received by Membership Committee on	(date)	
Presented/Approved by Board on	(date) Check/Money Received	(date)
(Revised April 2024)		