



ZONTA
CLUB OF
BLACK HILLS
MEMBER OF ZONTA INTERNATIONAL
EMPOWERING WOMEN
THROUGH SERVICE & ADVOCACY

Membership Application

Member must be approved by the board of directors before they are invited to join.

Name: _____

Birthdate: _____

Home Address: _____ Zip _____

Cell Phone Number: _____

Employer/Company/School: _____

Business Address: _____ Zip _____

Business Phone: _____

Preferred Email: _____

Type of Profession: _____

Check One: Owner ___ Partner ___ Employee ___ Student ___ Retired ___

Position or Title: _____

Approximate Length of Time with employer: _____

Club Affiliations:

Why do you want to join Zonta?



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What are your passions that are in line with the empowerment of women and girls?

Where did you hear about Zonta?

I am willing to commit to supporting service and advocacy projects in my community and through international projects of Zonta International. ____Yes ____No

Signature of Proposed Member _____

Date _____

Please direct any questions and submit applications to zontaclubbh@yahoo.com

FOR OFFICIAL USE

To be completed by Membership Committee

Membership Committee: ____Eligible ____Not Eligible at this time



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___ Board approval ___ Invitation to join.

___ Dues received \$ ___

___ Name tag ordered ___ Name tag delivered.

___ Dues sent ___ District ___ International

___ Initiation ___ Committee Assignment ___ Chair, Website, President notified.

New member received: ___ Directory ___ Name Tag ___ Yellow Rose