



**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?

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Where did you hear about Zonta?

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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](mailto:zontaclubbh@yahoo.com)

**FOR OFFICIAL USE**

To be completed by Membership Committee

Membership Committee: \_\_\_\_ Eligible \_\_\_\_ Not Eligible at this time

\_\_\_\_ 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