



billingszonta@gmail.com

www.billingszonta.org

www.zontadistrict12.org

P.O. Box 1064 Billings, MT 59103

ZONTA CLUB OF BILLINGS

CONFIDENTIAL MEMBERSHIP APPLICATION

Name _____ (Miss, Mrs., Ms., Dr.)

Home Address _____ City _____ Zip _____

Home Phone/Cell _____ Email _____

Education & Degrees Held _____

Current Business, Firm or Institution _____

Retired From: _____

Business Address _____ City _____ Zip _____

Business Phone _____ Position/Title _____

What executive/professional position do you hold? _____

Years in this position/business? _____ percentage of time given to this position? _____

Are you available to attend up to two monthly meetings held on the 1st and 3rd Wednesday at noon? _____ If no, are you able to attend the Z-Meets on the 4th Thursday of the month at 5:30 p.m.? _____

Are you available to participate in either the service projects, fundraising, advocacy, or membership events? _____ See Website for further information.

Other Club and/or Professional Affiliations you hold _____

Do you have a current/past friend or business acquaintance in Zonta? _____

Your age range: 20-29 30-39 40-49 50-59 60+

What interests you in joining Zonta? _____

Submit this form to Membership by attending a meeting, email or mail to Zonta PO Box.
Zonta Annual Dues are paid in May. Prorated Dues may be applicable. See website.

