



ZONTA

**CLUB OF
BILLINGS**

MEMBER OF ZONTA INTERNATIONAL

**EMPOWERING WOMEN
THROUGH SERVICE & ADVOCACY**

CONFIDENTIAL MEMBERSHIP APPLICATION

Name _____ Birthday _____

Business Address _____

Residence Address _____

Phone (Residence) _____ (cell) _____ (business) _____

E-Mail _____

Occupation/Profession _____

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

Current Business, Firm or Institution _____

Retired From _____

Education/Degrees Held _____

Are you available to attend up to two monthly meetings per month either in person or via Zoom? _____ (see website for details)

Are you able to commit time to service, advocacy, fundraising or membership activities?

Other Club and/or Professional Affiliations you hold? _____

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

What interests you in joining Zonta? _____

Zonta Dues are paid in May. Prorated Dues may be applicable.