Member Report Form
Report for New, Charter, and Reinstated Members and Changes
Please Type or Print Clearly in Eng

ZONTA INTERNATIONAL

Zonta International
557 W. Randolph Street
Chicago, IL 60661-2206 USA
Telephone: (312) 930-5848
Fax: (312) 930-0956

☐ **Check here if Charter Club**

_____

SOM Chairman Sign/Date and Lt. Gov. Review

Membership information for new members, reinstated members, and charter members will be processed upon receipt of international dues and fees. Dues and fees must be included with this form. Send copy of form to District Treasurer.

Write District/Area/Club #s Below:

Zonta Club of _____

Submitted by _____ **Date Submitted** _____
(Name)

_____
(Address) (Country)

_____
(Telephone number) (Fax number) (E-mail)

Status Codes
1. New Member
2. Reinstated Member
3. Club Honorary Member
4. Charter Member
5. Transfer to or from Club
6. Change of Name/Address
7. Resignation/Termination
8. Deceased
9. All Other Changes

Status Code	Date Effective	Classification Code (4-digit only)	Language Ability in Order of Fluency	Personal Information	Mailing Address	Telephone, Fax & E-Mail (Include City Code)
					Street Address:	Business Tel. #:
				(Last Name/Surname)	City:	Residence Tel. #:
					Postal Code:	Fax #:
				(First Name/Given Name)	Country:	E-mail :
				(Year of Birth - DD/MM/YYYY - Optional)	Occupation Description:	(Circle One--Optional) Female Male
					Street Address:	Business Tel. #:
				(Last Name/Surname)	City:	Residence Tel. #:
					Postal Code:	Fax #:
				(First Name/Given Name)	Country:	Email:
				(Year of Birth -DD/MM/YYYY- Optional)	Occupation Description:	(Circle One--Optional) Female Male

Member Report Form
Report for New, Charter, and Reinstated Members and Changes
Please Type or Print Clearly in English

Status Code	Date Effective	Classification Code (4-digit only)	Language Ability in Order of Fluency	Personal Information	Mailing Address	Telephone, Fax & E-Mail (Include City Code)
					Street Address:	Business Tel. #:
				(Last Name/Surname)	City:	Residence Tel. #:
					Postal Code:	Fax #:
				(First Name/Given Name)	Country:	E-mail :
				(Year of Birth - DD/MM/YYYY - Optional)	Occupation Description:	(Circle One--Optional) Female Male
					Street Address:	Business Tel. #:
				(Last Name/Surname)	City:	Residence Tel. #:
					Postal Code:	Fax #:
				(First Name/Given Name)	Country:	E-mail :
				(Year of Birth - DD/MM/YYYY - Optional)	Occupation Description:	(Circle One--Optional) Female Male
					Street Address:	Business Tel. #:
				(Last Name/Surname)	City:	Residence Tel. #:
					Postal Code:	Fax #:
				(First Name/Given Name)	Country:	E-mail :
				(Year of Birth - DD/MM/YYYY - Optional)	Occupation Description:	(Circle One--Optional) Female Male
					Street Address:	Business Tel. #:
				(Last Name/Surname)	City:	Residence Tel. #:
					Postal Code:	Fax #:
				(First Name/Given Name)	Country:	Email:
				(Year of Birth - DD/MM/YYYY - Optional)	Occupation Description:	(Circle One--Optional) Female Male