

Prospective Member Questionnaire Form

Please complete and mail your questionnaire to:

**Zonta Club of St. Louis
P.O. Box 170083
St. Louis, MO 63117**

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Mobile Home

E-mail: _____

Gender: Female Male Other

I am APPLYING as an: Individual Member Young Professional Individual
 Reinstating Individual Membership (under 30 years of age)
Date of Birth: _____

Occupation / Title: _____

Firm or Institution Name: _____

I am: Owner Partner Manager Employee Retired Student

I am a ZONTA Education Award Recipient:

<input type="checkbox"/>	Amelia Earhart Fellowship
<input type="checkbox"/>	Jane M. Klausman Women in Business Scholarship
<input type="checkbox"/>	Young Women in Public Affairs
<input type="checkbox"/>	Women in Technology
<input type="checkbox"/>	Other: _____

I am applying as a former Z Club or former Golden Z Club member. Club: _____

I am applying as a former ZONTA Club Member. Club: _____

ZONTA International is a global network of more than 29,500 members committed to securing a world where gender equality is a reality. The ZONTA Club of St. Louis is only one of many clubs worldwide that participates and supports ZONTA International's network. Please confirm the following 3 commitments:

I am committed to upholding the mission and vision of the ZONTA Club of St. Louis and ZONTA International and I shall comply with the rules and policies of ZONTA International. (You may request to view the governing documents by emailing your request to: memberrecords@zonta.org)

I give my consent to the ZONTA Club of St. Louis, ZONTA International and ZONTA International Foundation to store the personal membership information I have provided by applying for membership and added during my membership years, including photographs taken of me in connection with ZONTA activity, on ZONTA's servers in the USA. I undertake to renew or withdraw this consent on an annual basis.

I undertake not to sell, rent, or disclose any member data information in my possession, to any third party. For more information please view the ZONTA International privacy policy at https://www.zonta.org/Web/Privacy_Policy. The ZONTA Club of St. Louis abides by the same policy.

We want to keep in contact with you and ensure that you are kept up to date with ZONTA's work globally and locally. Please check the boxes to confirm your agreement to the following:

I would like to receive communications from the ZONTA Club of St. Louis and ZONTA International.

If I become a member, I give my permission to be included in the ZONTA Club of St. Louis membership directory and the ZONTA International electronic membership directory.

Please contact me by: Phone (residence) Phone (business) E-mail FAX Mail

The best time to contact me is: Morning Afternoon Evening

I heard about Zonta International through:

A friend A local Zonta club A business associate A current Zonta member

Local Zonta club Website Zonta International Website Internet search engine

Newspaper / Magazine Television / Radio Other: (please specify) _____

Comments:

Signature _____ Date _____

Name (printed): _____

Thank you for your interest in the Zonta Club of St. Louis and for your commitment to improving the lives of women locally and worldwide. Prospective Member Questionnaires are processed and presented to the Club Board for approval the first week of the month. We will contact you with application results following the meeting.

Please contact us at zontastl@gmail.com if you have additional questions.

We look forward to welcoming you to our club!