



Zonta International  
 1211 West 22<sup>nd</sup> Street, Suite  
 900  
 Oak Brook, IL 60523 USA  
 Telephone: (630) 928-1400  
 Fax: (630) 928-1559  
 Email:  
 memberrecords@zonta.org

**FORM B**

Check here if Charter Club

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SOM Chairman Sign/Date and Lt. Gov.  
 Review

- STATUS CODES**
1. New Member
  2. Reinstated Member
  3. Club Honorary Member
  4. Club Transfer (to/from)
  5. Change of Name/ Address
  6. Resignation/Termination
  7. Deceased
  8. All Other Changes

Zonta Club of \_\_\_\_\_

Write District/Area/Club #s Below:

Submitted by \_\_\_\_\_ Date Submitted \_\_\_\_\_  
 (Name)

\_\_\_\_\_  
 (Address) (Country)

\_\_\_\_\_  
 (Telephone number) [Include area/city code] (Fax number) [Include area/city code] (Email)

If a new member has joined your club and they are a previous award recipient or Z/Golden Z member, please complete page 3 of this form.

Status Code	Spoken Language In Order Of Fluency	Personal Information	Mailing Address	Telephone, Fax & Email (Include Area/City Code)
		(LAST NAME/SURNAME)	(ADDRESS)	BUSINESS:
		(FIRST NAME/GIVEN NAME)	(CITY)	HOME:
		(CLASSIFICATION CODE: 4-digit only)	(STATE/PROVINCE & POSTAL CODE)	FAX:
		(OCCUPATION DESCRIPTION)	(COUNTRY)	MOBILE/CELL:
				EMAIL :
				DATE OF BIRTH (MM/DD/YYYY) :
				Gender : <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE

Status Code	Spoken Language In Order Of Fluency	Personal Information	Mailing Address	Telephone, Fax & Email (Include City Code)
				<b>BUSINESS:</b>
		(LAST NAME/SURNAME)	(ADDRESS)	<b>HOME:</b>
		(FIRST NAME/GIVEN NAME)	(CITY)	<b>FAX:</b>
		(CLASSIFICATION CODE: 4-digit only)	(STATE/PROVINCE & POSTAL CODE)	<b>MOBILE/CELL:</b>
		(OCCUPATION DESCRIPTION)	(COUNTRY)	<b>EMAIL :</b> <b>DATE OF BIRTH (MM/DD/YYYY) :</b>
				Gender : <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
				<b>BUSINESS:</b>
		(LAST NAME/SURNAME)	(ADDRESS)	<b>HOME:</b>
		(FIRST NAME/GIVEN NAME)	(CITY)	<b>FAX:</b>
		(CLASSIFICATION CODE: 4-digit only)	(STATE/PROVINCE & POSTAL CODE)	<b>MOBILE/CELL:</b>
		(OCCUPATION DESCRIPTION)	(COUNTRY)	<b>EMAIL :</b> <b>DATE OF BIRTH (MM/DD/YYYY) :</b>
				Gender : <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE



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Please fill out and submit this form via email to [memberrecords@zonta.org](mailto:memberrecords@zonta.org) if your new member is a previous:

- Amelia Earhart Fellow      Year(s) of Fellowship: \_\_\_\_\_
- Jane M. Klausman Scholarship Recipient       District     International    Year of Scholarship: \_\_\_\_\_
- Young Women in Public Affairs Award Recipient     District     International    Year of Award: \_\_\_\_\_
- Z or Golden Z Club Member      Year(s) of Emma L. Conlon Award: \_\_\_\_\_

<b>Previous Recipient's Name:</b>	
<b>Previous Recipient's Maiden Name:</b>	

<b>Zonta Club Name:</b>	<b>District:</b>	<b>Area:</b>	<b>Club #:</b>
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<b>Submitted by:</b>	
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**For Zonta Headquarters use only**

- Check Raiser's Edge database for previous recipient before processing
- Process award recipient by checking off award box in iMIS
- Send a copy of this form to Programs Manager