



Zonta International
 1211 West 22nd 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

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)
				BUSINESS:
		(LAST NAME/SURNAME)	(ADDRESS)	HOME:
		(FIRST NAME/GIVEN NAME)	(CITY)	FAX:
		(CLASSIFICATION CODE: 4-digit only)	(STATE/PROVINCE & POSTAL CODE)	MOBILE/CELL:
		(OCCUPATION DESCRIPTION)	(COUNTRY)	EMAIL : DATE OF BIRTH (MM/DD/YYYY) :
				Gender : <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
				BUSINESS:
		(LAST NAME/SURNAME)	(ADDRESS)	HOME:
		(FIRST NAME/GIVEN NAME)	(CITY)	FAX:
		(CLASSIFICATION CODE: 4-digit only)	(STATE/PROVINCE & POSTAL CODE)	MOBILE/CELL:
		(OCCUPATION DESCRIPTION)	(COUNTRY)	EMAIL : DATE OF BIRTH (MM/DD/YYYY) :
				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 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: _____

Previous Recipient's Name:	
Previous Recipient's Maiden Name:	

Zonta Club Name:		District:		Area:		Club #:	
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Submitted by:	
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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