



Zonta International
 1211 West 22nd Street, Suite 900
 Oak Brook, IL 60523 USA
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 Email: memberrecords@zonta.org

MEMBER REPORT FORM B

[Changes to Club Membership]

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

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

After comparing the FORM A you have received containing the HQ membership list with your own list, please use the table below to make corrections or additions.

The classification codes can be found at:

<http://www.zonta.org/ClubsLeadership/Tools/MembershipTools.aspx>

Submitted by:

Zonta Club of:		District:		Area:		Club #:	
Name:				Country:			
Address:			City:		Postal code:		
Phone number: (include country code)			Fax: (include country code)		e-mail:		

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

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



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

- 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: _____

Last Name of the new member:	
First Name of the new member:	

Zonta Club of:		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 Director of Programs and Advocacy