



Membership / Renewal Form 2020

ADULT 1:

First Name: _____

Last Name: _____

E-Mail: _____

Phone Number: (____) _____

Month and Year of Birth: _____

Profession: _____

ADULT 2:

First Name: _____

Last Name: _____

E-Mail: _____

Phone Number: (____) _____

Month and Year of Birth: _____

Profession: _____

Address: _____ **Apt #:** _____

City: _____ **State:** _____ **ZIP:** _____

INFORMATION ON CHILDREN LIVING WITH THE FAMILY OR IN COLLEGE

Child 1:

First Name: _____

Last Name: _____

E-Mail: _____

Phone Number:(____) _____

Month and Year of Birth: _____

Child 2:

First Name: _____

Last Name: _____

E-Mail: _____

Phone Number:(____) _____

Month and Year of Birth: _____

Child 3:

First Name: _____

Last Name: _____

E-Mail: _____

Phone Number:(____) _____

Month and Year of Birth: _____

Child 4:

First Name: _____

Last Name: _____

E-Mail: _____

Phone Number:(____) _____

Month and Year of Birth: _____



INFORMATION ON PARENTS LIVING WITH THE FAMILY:

Parent 1:

First Name: _____

Last Name: _____

E-Mail: _____

Phone Number:(____)_____

Month and Year of Birth: _____

Parent 2:

First Name: _____

Last Name: _____

E-Mail: _____

Phone Number:(____)_____

Month and Year of Birth: _____

ZANC's fiscal calendar year is January 1 to December 31

Dues 2019:

Family: \$ 150.00
Individual: \$ 75.00
Senior (over 62): \$ 35.00 (per person)
Student: \$ 25.00
Life Membership: \$ 3,000.00

Make Checks Payable to ZANC and mail with this form to:

Kerman Deboo
4357 Krause Street
Pleasanton, CA 94588

For online payments: <https://www.zanc.org/membership/>