

ZANT Membership Form

Nov 1, 2023 to Oct 31, 2024



To avoid misspelling of names please print all the information on this form clearly.

Family Name:	:		Home Phone#:			
Email:	Cell Phone#:					
Home Address:						
	(Street Address)	(Apt #)	(City)	(State)	(Zip)	
Please list names of memb	pers/children and provide an	y additional ir	formation (for "Age Range", p	lease specify, <35 or	r 35-65 or >65):	
Member's Name		Age Range	Children's Name	e	Age	
 Form card key and ZANT Newsletters please add a \$25 a Please complete th ZANT, 1605 Lopo ZANT is now able to 	T Center Operations and I other details, including f are delivered by email or nnual fee. is form (and ZCNT card k Road, Flower Mound, T to accept payments through de through Zelle, please	ree ZCNT re accessible fr key liability fo X 75028-130 gh Zelle and l	Fund (ZOMF) may also be ital on our website zant.org. om the ZANT website. If you rm if requesting a card key) he Zelle ID for the ZANT acc il to Treasurer.Zant@gmail.	i prefer a newslett and mail the forn count is Treasurer	ter mailed to your home, n(s) with your check to r.Zant@gmail.com.	
Annual Membership				ZCNT Card Key (@\$50) _\$		
	pership (18 yrs. & older pership (65 yrs. & older			ZOMF General Fund	Donation \$	
	Life Membership (6			Conorar I and		
		Subtotal	Payment Method		momax ¢	
religion as propounded practices followed in th Regular & Life Membe	by Zarathustra and one we community in which he	who has been or she curre hushtis and th	rian shall be defined as: A p initiated in the religion in a	erson who is a bed ccordance with th	liever and a follower of th	
1 certify that I meet the	aoove memoersnip requir	emenus.				
Signature:			Date:			