

MEMBER REGISTRATION

Name	
Com	pany (not required)
Addr	ress
City _	StateZip
Phon	ne ()Circle one: Cell Home
Emai	il
How	did you hear about us/referred by?
Ye	early Commitment Please check a box below to indicate your type of membership:
	Individual Member (An individual member will cast one vote)
	Early Stage Philanthropy Team Member* (A max of four people will cast one vote together) If voting as a team member, please list captain and names of up to three other members on the team:
TE	EAM CAPTAIN:
ME	EMBERS:
comr contr contr	my signature below, I pledge to participate in 100 Women Who Care Boston North by making a mitment to contribute to local nonprofit organizations serving the region. As an individual member, I commit to ribute \$400 each calendar year (\$100 quarterly). As a team, I commit to ensuring my group will collectively ribute \$400 each calendar year (\$100 each quarter, to be divided amongst the team). I agree to donate each quarter to the nonprofit organization selected by the chapter's majority vote. If I'm unable to attend a meeting, I will ensure my contribution is still collected. I acknowledge that photographs/videos taken at 100 Women Who Care events may include my image and
	may be used in promotional materials. Please initial: Yes No
	I may choose to nominate one local charitable $501(c)(3)$ organization at a time, for consideration at future giving events. The one nomination limit also applies to team groups.
	I understand that if I wish to discontinue membership at any time <i>after my four meeting commitment</i> , I must email my member withdrawal request to: 100womenbostonnorth@gmail.com.
	I give consent to share my personal contact information with the nonprofit organization that receives our collective donation, for tax purposes only.
Signa	atureDate: