



Member Registration:

Name_____

Company (not required)_____

Address_____

City_____ State_____ Zip_____

Phone_(_____)_____circle: cell home

Email_____

Yearly Commitment:

With my signature below, I pledge to participate in **100 Women Who Care, Boston North Chapter** by making a personal commitment to contribute \$400 each calendar year (\$100 quarterly) to deserving local nonprofit organizations serving the region. I agree to donate each quarter to the nonprofit organization selected by the chapter's majority vote. If I'm unable to attend a quarterly meeting, I will either send my check with another member to deliver on my behalf, mail it as requested, or pay online, if that option is presented.

- I acknowledge that photographs/videos taken at events and meetings may include my image and may be used in promotional materials for **100 Women Who Care, Boston North Chapter**.
- I understand that if I wish to discontinue membership at any time *after my four-time commitment*, I must email my member withdrawal request to: 100womenbostonnorth@gmail.com
- I understand my personal contact information is strictly confidential and you will not share or distribute to outside third parties without my expressed written consent. If **100 Women Who Care, Boston North Chapter** chooses to publish a Membership Directory, I agree to have my contact information included in that directory. **Yes**_____ **No**_____

Signature_____Date_____

Please email completed form to: 100womenbostonnorth@gmail.com