



NEW MEMBERSHIP FORM

Commitment: I am pledging to participate in **100+ Women Who Care – Boulder County** and I am making a personal commitment to contribute \$400 each calendar year (\$100 at each quarterly meeting) to local nonprofit organizations serving the Boulder County region. I agree to donate at each meeting to the organization selected by the group’s majority vote, even if the organization is not my first choice. If I am unable to attend a meeting, I will either send my check with another member to deliver on my behalf, donate online, or mail it as requested after the meeting. I acknowledge that photographs and videos taken at events and meetings may include my image and may be used in promotional materials for **100+ Women Who Care – Boulder County**.

I understand my personal contact information is strictly confidential and will not be shared or distributed to an outside third party without my expressed consent.

With my signature, I agree that the information I provide below is accurate and true.

Name: _____

Address: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

Completed forms may be turned in at a meeting OR printed and scanned and sent via email to:

100womenbouldercounty@gmail.com.

Forms may also be completed online at: www.100WomenBoulderCounty.com.