

## Registration & Commitment Form

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### **Commitment:**

With my signature below, I am agreeing that the information I provide below is accurate and true. I am pledging to participate in 100+ Women Who Care TLH, and I am making a personal commitment to contribute \$400 each calendar year (\$100 quarterly) to local nonprofit organizations serving the Tallahassee area. I agree to donate each quarter to the nonprofit organization selected by the group's majority vote. If I am unable to attend a quarterly meeting, I will either send my check with another attending member to deliver on my behalf, mail it as requested after the meeting, or pay online, if that option is presented. I also 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 TLH.

I understand my personal contact information is strictly confidential and I understand it will not be shared or distributed to an outside third party without my expressed consent. If 100+ Women Who Care TLH chooses to publish a Membership Directory, I agree that my contact information be included in that directory. Yes\_ No\_

### **Member:**

First Name: \_\_\_\_\_ Address: \_\_\_\_\_

Last Name: \_\_\_\_\_ City: \_\_\_\_\_ St/Pr \_\_\_\_\_ Zip \_\_\_\_\_

Best Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Completed Commitment Forms may be scanned and sent via e-mail to 100WWCTLH@gmail.com or forms may be completed and turned in at a meeting. (Should you wish to discontinue membership at any time after your four-time commitment, please send an e-mail to 100WWCTLH@gmail.com indicating your withdrawal.)

**Thank you for being 1 of 100+ Women Who Care in our community!**

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