



## 100+ Women Who Care of Grundy County Registration & Commitment Form

**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 of Grundy County, and I am making a personal commitment to contribute \$400 each calendar year (\$100 quarterly) to local nonprofit organizations serving the Grundy County region. 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 of Grundy County.

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 of Grundy County 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 \_\_\_\_\_ Zip \_\_\_\_\_

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

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

I will be joining as part of a group with: \_\_\_\_\_

Completed Commitment Forms may be scanned and sent via e-mail to [devan@cfgrundycounty.com](mailto:devan@cfgrundycounty.com) or forms may be completed and turned at tonight's meeting. Should you wish to discontinue membership at any time after your four-time commitment, please send an e-mail to [devan@cfgrundycounty.com](mailto:devan@cfgrundycounty.com) indicating your withdrawal.