

## **WOMEN** Registration & ho Care 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 at The Beaches, and I am making a personal commitment to contribute \$400 each calendar year (\$100 quarterly) to local nonprofit organizations serving the St. Johns and Duval County communities. 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 at The Beaches.

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 at The Beaches chooses to publish a Membership Directory, I agree that my contact information be included in that directory. Yes

Member li	rfo
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First Name	Address		
Last Name	City	State	Zip
Best Phone Number	Email		

Date Signature

Completed commitment forms may be sent via e-mail to 100WomenBeaches@agmail.com or forms may be completed and turned in at a meeting. (Should you wish to discontinue membership at any time please send an email to 100WomenBeaches@gmail.com indicating your cancellation).

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