



100 Women Who Care Newton 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 Newton County**, and I am making a personal commitment to contribute \$200 each calendar year (\$100 bi-annually) to local nonprofit organizations serving the Newton County region. I agree to donate to the nonprofit organization selected by the group's majority vote. If I am unable to attend a 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 Newton 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 Newton 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 _____ State ____ Zip _____
Best Phone Number _____ Email Address _____
Date _____ Signature _____

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