Membership Form

Thank you for your interest in joining the membership for the Giving Circle, **100 Women Who Care - Chelsea Area. We are making a difference with LOCAL WOMEN, LOCAL IMPACT.** Our members hope to make real changes in the lives of those living in the Chelsea Area (Chelsea, Dexter, Manchester, Grass Lake, Stockbridge and surrounding townships) through our combined donations. **#thePOWERof100**

We meet three times a year for one hour in the evening on the first Tuesday of February, June, and October. Visit 100wwcchelsea.org for more information including bylaws and FAQs.

Name _____

Address _____

City, State, Zip _____

Cell Phone: _____ Can we text you reminders?: _____

Home Phone, if different: _____

E-mail: _____

Referred by: _____

Membership Team Option:

- Members may choose to form teams to fulfill the financial commitment below.
- Each Member Team shall have a Lead Contact and each Team will get only one (1) vote.
- Each team will submit one check for $100 to a selected charity at each Meeting.

By signing below, I agree to the following:

- I agree to donate $300/yr ($100/meeting) to nonprofit organization by majority vote of the members.
  OR
  I am part of a Member Team. As a team member, I will assure the team fulfills the $300/$100 obligation.
  Members of my team include: _____
  _____ My Member Team Lead Contact is: _____
- I understand that even if the nonprofit organization chosen is not my choice, I will donate.
- If I am not able to attend a meeting, I will give my check to another member to deliver to the meeting on my behalf or, when options are available, will pay online or mail my check to the PO Box. Payments must be received within 7 days after the meeting.
- I agree to being included in the Membership Directory. This directory of names and emails will be shared among the members only for networking purposes. Mark to opt-out _____
- I understand and acknowledge that photographs and videos taken at events and meetings may include my image and may be used in promotional materials, on the website, or on the Facebook Page. Mark to opt-out _____
- Should I wish to discontinue membership at any time after my initial one-year commitment, I will email members@100wwcchelsea.org indicating my withdrawal.
- I'm interested in volunteering for a committee: ___Membership ___Charities ___Meetings ___Communications

_____ _____

Signature Date

Completed Membership Forms should be sent to members@100wwcchelsea.org or given to a person on the Membership Committee. Find more information about membership in FAQs posted on our website.

Ver010923