



MEMBER REGISTRATION AND COMMITMENT FORM

PLEASE PRINT

*Completed forms be scanned and sent via e-mail to **WWC100.TVR@Outlook.com** or forms may be completed and submitted to any member of our Leadership Team. (Should you wish to discontinue membership at any time after your three-time commitment, please send an e-mail to **WWC100.TVR@Outlook.com** indicating your withdrawal.)*

First Name				Last Name			
Email				Cell #			
Mailing Address / Street							
City				State			Zip
How did you learn about 100 Women Who Care TVR?							
Initial _____	I understand I am making a commitment to 100 Women Who Care – TVR / Rio Verde AZ to donate a minimum of \$100 at each of our three meetings per year to the chosen non-profit (\$300 total per year). This donation will be given directly to local charities nominated by members of our chapter.						
Initial _____	I understand that even if I did not vote for the charity chosen by majority vote, I will fulfill my donation commitment. Also I agree to fulfill my donation commitment even if I do not attend the meeting.						
Initial _____	I grant my permission to the Leadership Team from TVR's 100+ Women Who Care to reach out to the various charities to obtain donor information.						
Initial _____	I acknowledge photographs and videos taken at events and meetings, may include my image and may be used in promotional materials for 100+ Women Who Care						
Signature					Date		

100+ WOMEN + ONE HOUR + \$100 EACH = TEN+ THOUSAND DOLLARS → AWESOME LOCAL IMPACT

THANK YOU FOR BEING 1 OF THE 100+ WOMEN WHO CARE IN OUR COMMUNITY!