



Membership Form

PLEASE PRINT:

Name _____

Street Address _____

City, State & Zip _____

Email Address _____

Phone _____

If you're under age 30 and interested in an Associate Membership – please tell us your birth date _____

How did you learn about the Power of 100? _____

I understand that I am making a commitment to **The Power of 100-Twin Cities Women Who Care** to make an annual donation of \$400 (\$100 at each meeting), given directly to local non-profit charities serving the Twin Cities area. Associate members (under age 30) donate \$30 at each meeting, or \$120 per year.

I understand that even if I did not vote for the charity selected by majority vote, I will fulfill my donation commitment. I also understand that if I am not able to attend a meeting, I can provide my check to another member to deliver on my behalf. Members not in attendance will be notified via email and can also mail a check within three days to an address provided.

Signature

Date

Completed *Membership Forms* may be scanned and sent via email to info@thepowerof100twincities.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 the above address indicating your withdrawal.

The Power of 100 thanks you for your support!