



## MEMBERSHIP COMMITMENT

Thank-you for your interest in joining 100 Women Who Care Markham!

Please fill out the form below. This information is needed for planning purposes for the meetings and for receipts from the organizations that will receive the donations.

- Signing up as an individual
- Signing up as a team (maximum 4 per team)

I understand that I am making a commitment to 100 Women Who Care Markham to make an annual donation of \$400 (\$100 at each of the four meetings), which will be given directly to local charities, non-profits and organizations serving the Markham area.

I agree to fulfill my donation commitment even if I did not vote for the charity selected by majority vote.

If I am unable to attend a quarterly meeting, I will give my cheque to another member to deliver in my place before the meeting date.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

May we display your first & last name (or the name of your team, if applicable) on the 100 Women Who Care Markham website and social media platforms?

- Yes
- No

### COMPLETE IF SIGNING UP AS A TEAM:

Team Name	How will the donation be split between members?
_____	_____

If you are making a commitment as part of a team, each person should provide their own Membership Commitment form. All members can attend each meeting, but each team may only vote once and may only submit one charity for nomination at each meeting.

Completed Membership Commitment Forms may be scanned and sent via email to [misti@100womenmarkham.com](mailto:misti@100womenmarkham.com) or turned in at a meeting.

