



MEMBERSHIP FORM

Please Print:

Name: _____

Phone: _____

Email Address: _____

How did you learn about the Power of 100? _____

- I understand that I am making a commitment, to The Power of 100 – Women Who Care of the Red River Valley, to make a quarterly donation of \$100. The donation will be given directly to local non-profit charity serving the Red River Valley area.
- 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 must submit their check to an executive founding member within 3-days.
- I understand that our goal is to make a total donation to the selected charity within 10 business days of the final vote.

Signature: _____

Date: _____

Completed Membership Forms may be scanned and sent via email to:

WomenWhoCare@powerof100rrv.com.

Should you wish to discontinue membership at any time, please send an email to the above address indicating your withdrawal.

The Power of 100 – Women Who Care of the Red River Valley thanks you for your support!