

Membership Commitment

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

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 Scugog 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 Scugog 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 or mail it to 100 Women Who Care Scugog c/o 354 Queen St., Port Perry, ON L9L1J9 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 Scugog website, Facebook page & Twitter p		n, if applicable) on the 100 Women Who Care	
□ Yes □ No			
COMPLETE IF SIGNING UP AS A TEAM:			
Team Name	How will th	e donation be split between members?	
If you are making a commitment as part of		should provide their own Membership	
- · · · · · · · · · · · · · · · · · · ·	d each meeting, but e	each team may only vote once and may only	

Completed Membership Commitment Forms may be scanned and sent via email to info@100womenscugog.com, printed and mailed to 100 Women Who Care Scugog c/o 354 Queen St, Port Perry, ON L9L1J9, or turned in at a meeting.