**100+ Women Who Care – Culpeper, Rappahannock, Fauquier**



**Registration & Commitment Form**

**Commitment:** With my signature below, I am agreeing that the information I provide below is accurate and true. I am pledging to participate in **100 Women Who Care** and I am making a personal commitment to contribute $200 each calendar year ($50 quarterly) to local nonprofit organizations serving the Culpeper, Rappahannock, Fauquier region. I agree to donate each quarter to the nonprofit organization selected by the group’s majority vote. If I am unable to attend a quarterly meeting, I will either send my check with another attending member to deliver on my behalf, mail it as requested after the meeting, or pay online, if that option is presented. I also acknowledge that photographs and videos taken at events and meetings may include my image and may be used in promotional materials for 100 Women Who Care- Culpeper, Rapp., Fauquier.

I understand my personal contact information is strictly confidential and I understand it will not be shared or distributed to an outside third party without my expressed consent. If 100 Women Who Care chooses to publish a Membership Directory, I agree that my contact information be included in that directory.

Yes\_\_\_\_ No\_\_\_\_

**Member Information:**

|  |  |
| --- | --- |
| Name: |  |
| Street Address: |  |
| City, State, Zip |  |
| Phone: |  |
| Email: |  |

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signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

date

Completed Commitment Forms may be scanned and sent via e-mail to [100wwc.lovereigns@gmail.com](mailto:100wwc.lovereigns@gmail.com) or forms may be completed and turned in at a meeting. (Should you wish to discontinue membership at any time after your four-time commitment, please send an e-mail to [100wwc.lovereigns@gmail.com](mailto:100wwc.lovereigns@gmail.com) indicating your withdrawal.