



## Membership Commitment Form

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_

TELEPHONE (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL \_\_\_\_\_

With my signature below, I am agreeing that the information I provide below is accurate and true. I am pledging to participate in **100 Cache Valley Women Who Care** and I am making a personal commitment to contribute \$400 each calendar year (\$100 quarterly) to nonprofit organizations in connection with the Cache Valley, Utah 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 Cache Valley Women Who Care**.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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 Cache Valley Women Who Care** chooses to publish a Membership Directory, I agree that my contact information be included in that directory.

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

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