



MEMBERSHIP FORM –

BROWARD CHAPTER

Referred By: _____

Thank you so much for your interest in the **100 (+) Women Who Care** project. You will find the information about the organization in the letter attached. Please look it over and if you are interested in becoming a member of **100 (+) Women Who Care**, please fill out the commitment form below and return it via email, at broward@100womenwhocaresouthflorida, or in person when you attend a meeting.

We meet four times a year, **usually** on Tuesday's.
Mingling/networking will be from 5:30-6:00PM and meetings will typically run from 6:00-7:00 PM.

Thanks for being a Woman Who Cares!

(Please Print)

Name _____

Street Address _____

City, State & Zip _____

Telephone H: _____ W: _____ C: _____

E-mail _____

I understand that I am making a personal commitment to "100 Women Who Care" to make an annual donation of \$400.00 per year, \$100.00 per quarter to worthy causes, charities and non-profits serving Broward County/South Florida. (If paid by credit card, \$412 and \$103, respectively for processing fees). I agree that, even if I am not fond of the charity chosen, I will still donate each quarter. I also understand that if I am not able to attend the quarterly meeting that I will give my check (which will also serve as my proxy vote) to another member to deliver on my behalf or make my donation as I have been notified of the charity name.

Your signature

Date

You may _____ or may not _____ use my name on the website membership list

"One woman can make a difference, but together we can rock the world."