



Women Who Care

TEAM MEMBERSHIP FORM

(2 to 4 person teams)

TEAM NAME:

RESPONSIBLE PARTY NAME:

Person 1:

Name
Street Address
City, State & Zip
Telephone
Email Address

Person 2:

Name
Street Address
City, State & Zip
Telephone
Email Address

Person 3:

Name
Street Address
City, State & Zip
Telephone
Email Address

Person 4:

Name
Street Address
City, State & Zip
Telephone
Email Address

TEAM MEMBERSHIP FORM CONTINUED...

(2 to 4 person teams)

TEAM NAME:

RESPONSIBLE PARTY NAME:

- I understand that I am making a commitment to The Power of 100 – Women Who Care of the Red River Valley to make an annual donation of \$400 (\$100 at each meeting/quarterly) given directly to local non-profit charities 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 mail their check to PO Box 812, West Fargo, ND 58078 within 3-days.
- Our goal is to make a total donation to the selected charity within 10 business days of the final vote.

Signature 1: _____ Date: _____

Signature 2: _____ Date: _____

Signature 3: _____ Date: _____

Signature 4: _____ 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!