

100 Women Who Care - Southeastern Connecticut

Membership Form

Member Data

*Submitting this form is making a commitment to 100+ Women Who Care – Southeastern CT to make an annual donation of \$200 (\$50 for every quarterly meeting), **even if you cannot attend a meeting.***

Please Print

Name _____

Email Address _____

Phone _____ Circle one: Home / Work / Cell

Street _____

City _____ State _____ Zip _____

I agree to have my contact information included in the 100 WWC Membership Directory

Circle one: Yes / No

Terms and Conditions

I understand that I am making a commitment to 100 Women Who Care – Southeastern CT to make an annual donation of \$200 – (**\$50 for every quarterly meeting**) – given directly to local charities/non-profits serving the SE CT area.

I understand that **Even if I did not vote for the charity chosen** by majority vote, I will fulfill my donation commitment.

I understand that **Even if I am not able to attend a quarterly meeting**, I will mail in a check or provide my check to another member to deliver.

Terms and Conditions

☐ **I agree to the above Terms and Conditions**

Please sign and date _____

Return by email 100womenssect@gmail.com

or mail to 100 Women Who Care c/o Jackie Conn, 8 Jordan Cove Circle, Waterford, CT 06385