

1 + Women Who Care Androscoggin

MEMBERSHIP FORM

Name _____

Email Address _____

Fill in at least one of the phone numbers.

Phone Home _____

Phone Work _____

Phone Cell _____

Address _____

City _____

State _____ Zip/Postal _____

I agree to have my contact information included in the 100+ WWC Membership Directory
Yes _____ No _____

TERMS AND CONDITIONS

I understand that I am making a commitment to 100+ Women Who Care Androscoggin to make an annual donation of \$200 – (**\$50 for every quarterly meeting**) – given directly to local community groups/non-profits serving Androscoggin County. I understand that I can donate a higher amount if I choose.

I understand that **even if I did not vote for the charity chosen** by majority vote, I will fulfill my donation commitment. I further understand that I can write a separate check to one of the organizations not selected for funding.

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. Checks must be submitted within a week of the meeting, made out to the selected charity, and sent to Diane Phipps, 10 Topaz Cir., Auburn, ME 04210. If I do not have a checking account, I will send a bank check or money order. Cash will not be accepted either at the meeting or by mail.

I agree to the above Terms and Conditions

Signature _____ Date _____