



100+ Women Who Care of Johnson County

2018 Membership Form

Membership renewals received by January 31, 2018 will be entered for a special drawing. If your name is selected from this special drawing, you will get to direct a **\$1,000** grant to a non-profit of your choice!

Name _____

How do you prefer your name badge to read, including any business or organization:

Street Address _____

City, State, Zip _____

Email Address _____

Home Phone _____ Cell _____

Please add the Email address for 100+ Women to your email contacts. Email address is: 100WomenJC@gmail.com. All communications for this group are via email.

I am willing to:

- I would like to Volunteer** at meetings (check in members, snap photos, count votes, time presentations, etc.)
- I am a new Member**
- I am renewing** my Membership for 2018 (*check for \$100 payable to JCCF enclosed*)

By signing below:

- I am committing to contributing a **TOTAL** of \$500 per year. This includes a \$100 contribution to the 100+ Women Who Care Endowment Fund at the Johnson County Community Foundation **plus** four (4) quarterly contributions of \$100 to each non-profit charity, serving Johnson County, as chosen by the Membership of the *100 Women Who Care of Johnson County*.
- I agree to honor my commitment, even if I am not fond of the Charity chosen.
- If I am unable to attend a quarterly meeting, I will give my check (which will serve as my Proxy vote), to another member to deliver on my behalf or mail to the address below.

Signature & Date

Mail your application and \$100 membership donation payable to:

JCCF/100 Women at PO Box 217 | Franklin, IN 46131