



100 WOMEN WHO CARE
BROOMFIELD

Membership Form

Thank you for joining **100+ Women Who Care Broomfield**. Our members are making real changes in the Broomfield community through our combined donations each quarter.

Commitment: I am pledging to participate in **100 Women Who Care – Broomfield** and I am making a personal commitment to contribute \$400 each calendar year (\$100 at each quarterly meeting) to local nonprofit organizations serving the **Broomfield** region. I agree to donate at each meeting to the organization selected by the group’s majority vote, even if the organization is not my first choice. If I am unable to attend a meeting, I will either send my check with another member to deliver on my behalf or mail it as requested after the meeting. I acknowledge that photographs and videos taken at events and meetings may include my image and may be used in promotional materials for **100 Women Who Care – Broomfield**.

I understand my personal contact information is strictly confidential and will not be shared or distributed to an outside third party without my expressed consent. If **100 Women Who Care – Broomfield** publishes a Membership Directory, I allow my contact information to be included in the directory. Yes ___ No ___

With my signature, I agree that the information I provide below is accurate and true.

Name _____

Address _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

Completed forms may be turned in at a meeting or scanned and sent via email to broomfield100wwc@gmail.com. Forms may also be completed online at www.Broomfield100WomenWhoCare.com.