

**100 Women Who Care – Seattle Eastside Chapter Membership Form**

Thank you for your interest in joining 100 Women Who Care – Seattle Eastside Chapter. Our members are making real change in the lives of those living our community through our combined donations. We meet three times a year in January, April and October from 7-8pm.

Please complete the information below and bring it to the next meeting, or send by mail to 100 WWC,

23515 NE Novelty Hill Rd, Suite B #241, Redmond WA 98053, or email to [kerri.nielsen@hotmail.com](mailto:kerri.nielsen@hotmail.com).

Name:

Address:

City/State/Zip:

Phone Number: Email:

How did you hear about us?

Is there anyone you would recommend for membership who we may contact?

**Commitment:** I am pledging to participate in the 100 Women Who Care Seattle Eastside Chapter, and I am making a personal commitment to contribute $300 each calendar year ($100 per meeting) to the local nonprofit organization selected by the group’s majority vote. If I am unable to attend a meeting, I will either send my check with another attending member to deliver on my behalf, or mail it within 24 hours after notification of the selected charity. I also acknowledge that photographs and videos taken at events and meetings may include my image and may be used in promotional materials.



I understand my personal contact information is strictly confidential and I understand it will not be shared or distributed to an outside third party without my expressed consent. If 100 Women Who Care Seattle Eastside Chapter chooses to publish a Membership Directory, I agree that my contact information may be included in that directory. Yes\_\_\_\_ No\_\_\_\_

Signature: Date: