



Commitment: With my signature below, I am agreeing that the information I provide below is accurate and true. I am pledging to participate in 100+ Women Who Care, Lloydminster, and I am making a personal commitment to contribute \$300 each calendar year (\$100 three times a year) to a local nonprofit organizations serving Lloydminster and area. I agree to donate three times a year to the nonprofit organization selected by the group's majority vote. If I am unable to attend a meeting, I will send my cheque (or cash) with another attending member to deliver on my behalf. I also 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, Lloydminster.

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, Lloydminster chooses to publish a Membership Directory, I agree that my contact information be included in that directory. Yes____ No___

Member:		
First Name	Address	
Last Name	City	Postal
Best Phone Number	Email Address	
Date	Signature	

Completed Commitment Forms may be scanned and sent via e-mail to hello@100womenlloyd.com or forms may be completed and turned in at a meeting.

Should you wish to discontinue membership at any time after your three-time commitment, please send an e-mail to hello@100womenlloyd.com indicating your withdrawal.

