COUNT ME IN FOR 2024!

#  Membership - Due by May 31, 2024

* Please renew my membership
* I wish to be a new member
* I wish to be a Friend of Impact100 and donate money

 **Information Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Address (Street, City, State, Zip):**

## E-mail Address: Phone number:

## I wish to opt out of being part of the 2024 Impact100 Member Directory (if not, please fill out section below)

## Name in Directory:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email in Directory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Company/Employer in Directory\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # In Directory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Brief Description of Company (I.e. Real Estate, Insurance, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## As a member, I am interested in actively participating as a volunteer on the following committee(s):

|  |  |  |  |
| --- | --- | --- | --- |
| * Grant Review
 | * Membership
 | * Social Media/Webmaster
 | * Communications
 |
| * Event Planning
 | * Board/Leadership
 | * Volunteer Coordination
 | * Financial
 |

#  Contribution

$1,000 annual membership provides voting rights for one woman or one shared membership of up to 4 people.

* I wish to be an **Annual Member** for $1,000.
* I wish to be a member of the **110% Club** for $1,100 which includes my membership plus $100 to help with expenses.
* I wish to **Sponsor a Membership** for $1,000 in the name of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* My **Corporate Sponsor** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**located at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has submitted my membership dues.
* I wish to be part of a **Shared Membersh****ip** with the following individual(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_whom I am sharing a single membership vote with. Our designated voter for electronic voting will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I wish to make an **Additional Donation** to help with expenses or in honor/memory of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_

#  Payment Options

To make my non-refundable contribution to Impact100 Macomb County:

* + **Check:** Enclosed is my check for the total donation amount indicated above, made payable to Impact100 Macomb County.
	+ **Credit Card:** I will pay the total donation amount indicated above by credit card, plus a small fee to help cover the processing cost.

PLEASE RETURN TO:

## Impact100 Macomb County at P.O. Box 380227, Clinton Township, MI 48038 membership@impact100macombcounty.org

Impact100 Macomb County is a 501(C)(3) under federal law and all contributions are tax deductible.

*Membership implies permission to use photographic, audiovisual, and written works containing images and names for promotional materials, communications and on social media.*