

# 100+ Ely Women Who Care Registration & Commitment Form



**I am committed to making Ely a better place for all. Sign me up!**

**Commitment:** With my signature below, I pledge to participate in 100+ Ely Women Who Care, and I am making a personal commitment (or a Team commitment) **to contribute \$100 to the nonprofit organization selected by the group's majority vote.** I understand that only meeting attendees can vote. If I am unable to attend a meeting, I will either send my blank, signed check with another attending Member to deliver on my behalf or mail it as requested after the meeting.

**Team Commitment:** In addition to the above, we understand that as a team we only get **ONE** nomination and **ONE** vote. The **Team Captain** is responsible for ensuring team members donate as pledged.

**Photo Release:** I acknowledge that photographs and videos taken at events and meetings may include my image and may be used in promotional materials for 100+ Ely Women Who Care.

**Individual Member or Team Captain (circle one):** I plan to attend the meeting \_\_\_ Yes \_\_\_ No

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Best Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Number of people on the Team:** \_\_\_\_\_

**Team Member #2:** I plan to attend the meeting \_\_\_ Yes \_\_\_ No

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Best Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Team Member #3:** I plan to attend the meeting \_\_\_ Yes \_\_\_ No

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Best Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Team Member #4:** I plan to attend the meeting \_\_\_ Yes \_\_\_ No

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Best Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Please review the charity selection process at [100ElyWomenWhoCare.org](http://100ElyWomenWhoCare.org), then submit your completed Commitment Form as soon as possible so we can save a place for you at the meeting. Mail forms to 100+ Ely Women Who Care, PO Box 216, Ely, MN 55731, scan and send via e-mail to [100ElyWomenWhoCare@gmail.com](mailto:100ElyWomenWhoCare@gmail.com), or turn it in at the start of a meeting. **Privacy** – we are committed to privacy and will not share your information.**