 **MEMBERSHIP FORM**

Thank you so much for your interest in the ***100 (+) Teens Who*** ***Care*** project. ***100+ Women Who Care*** was started in Jackson, MI by Karen F. Dunigan and has spread, mostly by word of mouth, to over 275 chapters. In 2013, Emily Schneller started the local chapter. Now we are starting our local kids’ chapter. If you are interested in becoming a member of ***100 (+) Teens Who Care,*** please fill out the commitment form below and return it to me via email at brittanylorenzi@gmail.com or mail to: Brittany Lorenzi, P.O. Box 1652, Brentwood, TN 37024. You may also bring to a meeting.

We meet four times a year on the third Wednesday of January, April, July, and December – socializing will be from 5:30-5:45 PM and meetings will typically run from 5:45-6:30 PM. We will rotate locations around town so that it is convenient for everyone.

***Thanks for being a teen who cares!***

(Please Print)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State & Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone H:\_\_\_\_\_\_\_\_\_\_\_\_\_ W:\_\_\_\_\_\_\_\_\_\_\_\_\_C:\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How I heard about 100 Teens Who Care\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I am making a personal commitment to “100 Teens Who Care” to make an annual donation of $60.00 per year, $15.00 per quarter to worthy causes, charities and non-profits serving Middle Tennessee. I agree that, even if I am not fond of the charity chosen, I will still donate each quarter. I also understand that if I am not able to attend the quarterly meeting that I will give my check (which will also serve as my proxy vote) to another member to deliver on my behalf or send in the check as soon as I have been notified of the charity name.

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Your signature Date

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Parental Permission Date