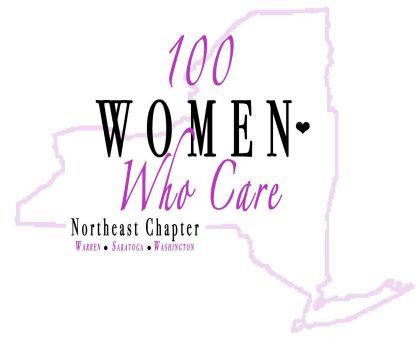


100 WOMEN *Who Care*

NORTHEAST CHAPTER

WARREN ● SARATOGA ● WASHINGTON COUNTIES



MEMBER REGISTRATION & COMMITMENT FORM

Please Print

Name : _____

Address: _____

City: _____ State _____ Zip _____

Email: _____ Phone: _____

Member Commitments (Please Read and Sign Below)

I am making a personal commitment to make an annual donation of \$400 (\$100 at each quarterly meeting) to local charities serving those living in Warren, Saratoga or Washington Counties. I understand that even if the charity chosen is not my first choice, I will donate at each meeting. If I am unable to attend the quarterly meeting, I will give my check to another member to deliver to the meeting on my behalf or I will mail my check after the meeting.

Signature _____

Date: _____