



MEMBERSHIP FORM

Name _____ (As you prefer to be listed) Florida Residency:
[] Full-Time
[] Part-Time
Local Address _____
City, State, Zip _____
Community/Subdivision _____
Email _____ Phone # _____

MEMBERSHIP CONTRIBUTION OF \$1,100 (\$1,000 Grant/\$100 Admin.) IS TAX DEDUCTIBLE

[] Check enclosed for \$1,100 made payable to The Community Foundation Martin-St. Lucie, with notation of Impact 100 Martin in memo line.

[] Charge my credit card for \$1,100, plus 3% (\$33) transaction processing fee.

Card # _____ Expiration ____/____ Security Code _____

Name on Card _____ Signature _____

[] I wish to sponsor another member. Please contact me.

PARTICIPATION – As a voting member, I would like to volunteer for the following committee(s):

- [] Events [] Grants [] Marketing/Communications [] Membership
[] Social Media [] Individual & Business Outreach
[] Website [] Newsletters [] Community Recruiting
[] Speakers Bureau [] Member Engagement
[] Award Event Program

RECOGNITION – I grant Impact 100 Martin permission to publish my name and photo in the listing of members contained in the program for the annual Grant Awards event and other promotional materials.

Signature _____ Date _____

Thank you for joining Impact 100 Martin to collectively create change.

Please return to Impact 100 Martin, 851 SE Monterey Commons Blvd., Stuart, FL 34996.

Impact 100 Martin maintains a field of interest fund with The Community Foundation Martin-St. Lucie (772.288.3795).