



Membership Application

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 Impact100 Martin, Inc.

[] Charge my credit card for \$1,133, *includes 3% 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):

- [] Membership [] Grants [] Events [] Communications
- [] Individual Outreach [] Social Media
- [] Business Outreach [] Website
- [] Community Recruiting [] Newsletters
- [] Member Engagement [] Public Relations
- [] Awards Event Program
- [] One and Done (one time task/project as needed)

RECOGNITION – I grant Impact100 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 Impact100 Martin to collectively create change.
Please return to Impact100 Martin, 11718 SE Federal Hwy, #440 Hobe Sound, FL 33455