

Membership Application 2022-2023

Name _____ Florida Residency:
(As you prefer to be listed) Full-Time

Local Address _____ Part-Time

City _____ State _____ Zip _____

Community/Subdivision _____

Email _____ Phone _____

Referred by: _____

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

Evergreen – Automatic Renewal

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 _____

As a voting member, I am interested in volunteering for the following committee(s):

Membership

Events

Membership

Grants

Engagement

Communications One &

Community Captain

Done Volunteer

Sponsorship

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.
Download and email completed form to info@impact100martin.com
or mail to Impact100 Martin, 11718 SE Federal Hwy, #440 Hobe Sound, FL 33455

EIN 88-1963292