



## Membership Application 2024-2025

New Member

Membership Renewal

Preferred Name \_\_\_\_\_

Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Community/Subdivision \_\_\_\_\_  Full-time  Part-time resident

Email \_\_\_\_\_ Phone \_\_\_\_\_

I want to thank: \_\_\_\_\_ for referring me.

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

Set me up for automatic annual membership renewal via my credit card

Charge my credit card for this membership year (\$1,133 includes 3% processing fee)

Card# \_\_\_\_\_ Expiration \_\_\_/\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Check enclosed for \$1,100 made payable to Impact100 Martin, Inc.

I would like to be contacted about sponsoring a member

I would like to be contacted about using my Corporate Matching Program

*For tax purposes, our EIN number is 88-1963292*

### I am interested in learning about volunteering for the following committee(s):

Membership

Events

Membership Engagement

Grants

Community Captain

Communication

Sponsorship

One & Done Volunteer

Download and email completed form to [info@impact100martin.org](mailto:info@impact100martin.org) or  
mail to Impact100 Martin, 11718 SE Federal Hwy, #440 Hobe Sound, FL 33455

**THANK YOU** for joining us to transform our community through the power of collective giving!