



Join Us Registration & Commitment Form

Commitment: With my signature below, I am agreeing that the information I provide below is accurate and true. I am pledging to participate in the 100 Men Who Care Knoxville chapter, and I am making a personal commitment to contribute \$4,000 each calendar year (\$1,000 quarterly) to local nonprofit organizations serving the Greater Knoxville region. I agree to donate each quarter to the nonprofit organization selected by the group's majority vote. If I am unable to attend a quarterly meeting, I will either send my check with another attending member to deliver on my behalf, mail it as requested after the meeting, or pay online, if that option is presented. I also acknowledge that photographs and videos taken at events and meetings may include my image and may be used in promotional materials for 100 Men Who Care Knoxville chapter.

I understand my personal contact information is strictly confidential and I understand it will not be shared or distributed to an outside third party without my expressed consent. If 100 Men Who Care Knoxville chapter chooses to publish a Membership Directory, I agree that my contact information be included in that directory. Yes ___ No ___

Member:

Name _____

Address _____

City/Town _____

Zip _____

Best Phone Number _____

Email Address _____

Date _____

Signature _____

Completed Commitment Forms may be scanned and sent via e-mail to 100 Men Who Care Knoxville chapter, completed and turned in at a meeting, or completed on-line. (Should you wish to discontinue membership at any time after your four-time commitment, please send an e-mail 100menwhocareknoxville@gmail.com indicating your withdrawal.)