

# 100+ Men Who Care TLH

## 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 100+ Men Who Care TLH, and I am making a personal commitment to contribute \$400 each calendar year (\$100 quarterly) to the local 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 TLH.

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 TLH chooses to publish a Membership Directory, I agree that my contact information be included in that directory. Yes \_\_\_\_\_ No \_\_\_\_\_

Member:

First Name \_\_\_\_\_ Address \_\_\_\_\_

Last Name \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Best Cell # \_\_\_\_\_ Email \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Completed Commitment Forms may be scanned and sent via email to [fjameswylie@gmail.com](mailto:fjameswylie@gmail.com), mailed to Jim Wyle @ 1314 Hollow Oak Circle, TAL 32308 or turned in at a meeting. (Should you wish to discontinue membership at any time after your four-time commitment, please send an email indicating your withdrawal to [fjameswylie@gmail.com](mailto:fjameswylie@gmail.com) . Cell # 850-567-1705.

***Thank you for being 1 of 100+ Men Who Care in our community!***