



## 100 Who Care Ashland & Bayfield Counties Registration & Commitment Form

**Please email finished form to [mrekemeyer@nlccwi.org](mailto:mrekemeyer@nlccwi.org)**

**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 Who Care Ashland & Bayfield Counties and I am making a personal commitment to contribute \$400 each calendar year (\$100 quarterly) to local nonprofit organizations. I understand that one of the yearly quarters, my donation will go directly to one of NorthLakes' programs.

All organizations and programs must serve the Ashland & Bayfield Counties 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. Checks are made out and presented directly to the winning organization and/or mailed directly to that organization if I am not present. The nonprofits are counting on your commitment.

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 Who Care Ashland Bayfield Counties. \_\_\_\_\_

or

I do not want any photos taken or images used in promotional materials \_\_\_\_\_

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
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### Member:

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

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City\_\_\_\_\_

ST\_\_\_\_Zip\_\_\_\_\_

Best Phone #/Text #\_\_\_\_\_ (Indicate if text)

Email Address\_\_\_\_\_

Date\_\_\_\_\_Signature\_\_\_\_\_

Send Completed Commitment Form along with Nominations Forms to  
mrekemeyer@nlccwi.org. If you have any questions, please call Madelaine at  
651.792.5534