

### Personal Information (Please print clearly.)

Name (as you prefer to be listed) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Birth Year: \_\_\_\_\_ (Members must be 21 or older) Preferred Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Organization/Company \_\_\_\_\_ Occupation \_\_\_\_\_

### Membership Options (Check all that apply.)

**Become an Impact100 South Jersey voting member by donating \$1,150**  
*100% of your membership contribution is tax deductible. \$1,000 will be used to fund Impact100 South Jersey grants — the additional \$150 is for Impact100 South Jersey administrative costs. Membership contributions are nonrefundable.*

**Give the gift of a voting membership to another family member, employee or friend.**

Recipient's full name and email address:

\_\_\_\_\_

**Contact me to discuss how I or my company can become a sponsor.**

**I would like to host an Impact100 South Jersey New Member Info Session.**

**I'm interested in joining a committee:** (Please check any that apply.)

Grant Review (We will train you.)  Grant Finance (We will train you.)  Nonprofit Outreach

PR/Communications  Membership  Resource Development  Events  Finance/Admin

**3 Ways to Submit Membership Form and Make Your Contribution** (Please choose one.)

**Mail** membership form and check payable to *Impact100 South Jersey, C/O CFSJ, PO Box 446, Haddonfield, NJ 08033*

**Online** at [Impact100SJ.org/membership](http://Impact100SJ.org/membership) (*Paying the additional credit card processing fee is appreciated but optional.*)

**Donor Advised Fund** Designate your 2022 contribution to Impact100 South Jersey at Community Foundation of South Jersey. Mail this completed form to Impact100 SJ, C/O CFSJ, PO Box 446, Haddonfield, NJ 08033.

**Confidentiality, Conflicts of Interest & Photo Release:** I understand that confidential information may be acquired as a result of my association with Impact100 South Jersey and that this information should not be disclosed. To insure a full transparent grant selection process, I will disclose to the Leadership Council any potential conflicts of interest I may have with grant applications or other Impact100 South Jersey business. Membership implies permission for Impact100 South Jersey to use photographic, audiovisual and written works containing my image and name.

**I agree with these terms.** Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**How or from who did you learn about Impact100 South Jersey?** \_\_\_\_\_