

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: (_____) _____

Cell Phone Number (_____) _____

Organization/Company _____ Occupation _____

Membership Options (Check all that apply.)

- ☐ **Become an Impact100 South Jersey voting member by donating \$1,200.**
100% of your membership contribution is tax deductible. \$1,000 will be used to fund Impact100 South Jersey grants — the additional \$200 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 Meet-Up to help attract new members.**

I would like to join a committee: (Please check any that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Core Mission Grant Review | <input type="checkbox"/> Membership | <input type="checkbox"/> Resource Development |
| <input type="checkbox"/> Community Heroes Grant Review | <input type="checkbox"/> PR/Communications | <input type="checkbox"/> Contact me to discuss |
| <input type="checkbox"/> Grant Finance Review | <input type="checkbox"/> Events | |

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

- ☐ **Mail** membership form with check payable to, "Impact100 South Jersey" to Impact100 South Jersey, c/o Community Foundation of South Jersey, PO Box 446, Haddonfield, NJ 08033.
- ☐ **Online** at Impact100SJ.org/membership (Paying the additional credit card processing fee is appreciated but optional.)
- ☐ **Donor Advised Fund or Qualified Charitable Distribution** Mail completed form to Impact100 South Jersey, c/o Community Foundation of South Jersey, PO Box 446, Haddonfield, NJ 08033, and ask your fund manager or advisor to make a contribution to the "Impact100 South Jersey Fund at Community Foundation of South Jersey."

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? _____