

Membership Form

bismanpowerof100.com

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Individual	Team Captain

Name:				
Phone:	Team Name			
Email:				
Team Captains, please indicate who yo	our team members will be.	We kindly request one check per team.		
Team Member 2				
Name				
Email	Phone			
Team Member 3				
Name				
Email	Phone	·		
Team Member 4				
Name				
Email	Phone			
I understand I am making a commitment quarterly) given directly to local non-prof	to Bisman Power of 100 to make an fit charities serving the Bismarck/Ma	annual donation of \$400 (\$100 at each event helondan area.		
I understand even if I do not vote for the charity selected by majority vote, I will fulfill my donation commitment.				
I understand if I am unable to attend a meeting, I can provide my check to another member to deliver on my behalf. Members not in attendance will be notified via email and must mail their checks within 3 business days. Watch the website for details.				
Our goal is to make a total donation to the second sec	he selected charity within 10 busines	ss days of the final vote.		
Signature:		Date:		

Completed forms may be scanned and sent via email to bismanpowerof 100@gmail.com. Should you wish to discontinue membership at any time, please send an email to the above address indicating your withdrawl. Thank you.