



Membership Form

bismanpowerof100.com

Individual Team Captain

Team Name: _____

Name: _____

Phone: _____

Email: _____

Team Captains, please indicate who your 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 to Bisman Power of 100 to make an annual donation of \$400 (\$100 at each event held quarterly) given directly to local non-profit charities serving the Bismarck/Mandan 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 selected charity within 10 business days of the final vote.

Signature: _____

Date: _____

Completed forms may be scanned and sent via email to bismanpowerof100@gmail.com. Should you wish to discontinue membership at any time, please send an email to the above address indicating your withdrawal. Thank you.