



IMPACT HARRISONBURG – MEMBERSHIP COMMITMENT

Welcome – and congratulations on your commitment to become a founding member of IMPACT Harrisonburg! Please complete this Membership Commitment and return it with your Membership Dues Check to: The Community Foundation of Harrisonburg/Rockingham County, P.O. Box 1068, Harrisonburg, VA 22803.

Annual Membership Dues are determined based on your age on July 1, 2015: \$250 for members aged 20-29; \$350 for members aged 30-39; and \$450 for members aged 40-49. An administrative fee of \$25 is included in the Annual Membership Dues. For an Annual Family Membership, the Annual Family Membership Dues are determined based upon the age of the older of the two family members.

Your entire contribution is tax-deductible to the full extent of the law. You will receive a tax receipt from The Community Foundation confirming this.

Questions? Please ask us! Contact Melissa Mayhew (540-432-3863 or melissa@the-community-foundation.org) or William Roy (540-307-0766 or William@immergetech.com).

MEMBERSHIP TYPE: \_\_\_\_ INDIVIDUAL \_\_\_\_ FAMILY

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_ PREFERRED PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

OCCUPATION/EMPLOYER: \_\_\_\_\_

MAY WE INCLUDE THIS INFORMATION IN A MEMBERSHIP DIRECTORY TO BE DISTRIBUTED TO THE MEMBERSHIP? BIRTHDATE WILL NOT BE INCLUDED. YES \_\_\_\_ NO \_\_\_\_ If you select "NO," only your name will be included in the directory.

ARE YOU INTERESTED IN SERVING ON A COMMITTEE (Committee membership is encouraged but NOT required):

- \_\_\_\_ MEMBERSHIP COMMITTEE (Recruiting members, planning events, marketing)
\_\_\_\_ GRANTS COMMITTEE (Reviewing and presenting grant applications)
\_\_\_\_ STEERING COMMITTEE (Organizational and governance matters, budgeting)
\_\_\_\_ NO THANKS

HOW DID YOU HEAR ABOUT IMPACT HARRISONBURG: \_\_\_\_\_

If you are requesting a Family Membership, please complete the section below.

Couples may share a Family Membership, however, each Family Membership has only one vote. Voting links will be sent to the e-mail address listed above.

SPOUSE/PARTNER NAME: \_\_\_\_\_

SPOUSE/PARTNER PREFERRED NAME: \_\_\_\_\_

SPOUSE/PARTNER EMAIL: \_\_\_\_\_

SPOUSE/PARTNER OCCUPATION/EMPLOYER: \_\_\_\_\_

IS YOUR SPOUSE/PARTNER INTERESTED IN SERVING ON A COMMITTEE? (Committee membership is encouraged but NOT required):

- \_\_\_\_ MEMBERSHIP COMMITTEE (Recruiting members, planning events, marketing)
\_\_\_\_ GRANTS COMMITTEE (Reviewing and presenting grant applications)
\_\_\_\_ STEERING COMMITTEE (Organizational and governance matters, budgeting)
\_\_\_\_ NO THANKS

