



**SISTERHOOD
FOR GOOD**™

**TOGETHER We Care. TOGETHER We Reach Out.
TOGETHER We Achieve More.**

MEMBERSHIP FORM

Name: _____ Date: _____

PLEASE PRINT CLEARLY

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile Work Email: _____

To become a member of Sisterhood For Good Inc., I pledge:

1. \$200.00 annual Dues,
- PLUS** 2. \$ 25.00 annual Organization Fee.

TOTAL: \$225.00 yearly**

3. I will volunteer a total of 5 hours each year (SFG Event OR SFG Grant Recipient's function).

SIGNATURE: _____

****ALL MEMBERSHIPS RENEW IN JANUARY.** Dues are required in January of each calendar year; \$200.00 Dues + \$25.00 Organization Fee, each year to remain a Member and be able to vote for SFG's Annual Grant Recipients.

A Member who joins in the LAST QUARTER ONLY of any year (Q4), Dues are as follows:

\$50.00 Dues Fee + \$25.00 Organization Fee = \$75.00 1x flat fee.

Member would be required to pay her Membership Dues in full at \$225.00 each year thereafter, in January.

All contributions are tax-deductible to the fullest extent of the law.

____ YES - I want a magnetic NAME TAG @ \$15.00 **PAYING TODAY** x CASH CHECK CREDIT CARD

I am interested in hearing about the following Committees:

I want to be on the following Committees:

- | | | |
|--|---|---|
| <input type="checkbox"/> Communications Committee | <input type="checkbox"/> Fundraising & Events Committee | <input type="checkbox"/> Membership & Recruitment |
| <input type="checkbox"/> Ethics & Accountability Committee | <input type="checkbox"/> Grants Committee | <input type="checkbox"/> Happy Hours Committee |
| <input type="checkbox"/> Finance Committee | <input type="checkbox"/> Nominating Committee | <input type="checkbox"/> Volunteers Committee |

Make Check Payable to: Sisterhood For Good, Inc. OR - Pay Online at SisterhoodForGood.org

How did you hear about us / Person who asked you to join: _____

MEMBER NO.: _____

Payment Received by: _____
Date _____

SISTERHOOD FOR GOOD, INC. IS AN ALL-FEMALE VOLUNTEER 501(c)(3) NONPROFIT CORPORATION. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-435-7352 (1-800-352-9832 ESPAÑOL) OR GOING ON THE DEPARTMENT'S WEBSITE WWW.800HELPFLA.COM. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. ONE HUNDRED PERCENT (100%) OF EACH CONTRIBUTION IS RECEIVED BY SISTERHOOD FOR GOOD, INC. REGISTRATION #: CH 57279 BY EXECUTION OF THIS DOCUMENT, I FULLY UNDERSTAND THE MEANING AND EFFECT AND INTENTIONALLY BIND MYSELF TO THE FOREGOING. ADDITIONALLY I AUTHORIZE AND EXPRESSLY GRANT SISTERHOOD FOR GOOD, ITS AGENTS OR OTHERWISE DESIGNATES THE RIGHT TO REPRODUCE MY PHYSICAL LIKENESS IN MATERIALS PRODUCED IN ANY ADVERTISING IT CREATES FOR ITSELF IN PRINT, BROADCAST, COLLATERAL AND/OR PUBLICITY, WITH THE FURTHER UNDERSTANDING THAT I WILL NOT BE FINANCIALLY COMPENSATED FOR MY PARTICIPATION. Form Updated: AUGUST 2023

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