

Junior Board Membership Application 2019-2020

Please call Patrice Bocci at 212.243.3434 ext. 347 or email pbocci@exponents.org to inquire.

EXPONENTS MISSION & VISION

EXPONENTS is a nonprofit organization located in the heart of New York City compassionately dedicated to serving those impacted by HIV/AIDS, substance use, incarceration and behavioral health challenges. We deliver these services through a client-centered, strength-based approach which greatly improves health outcomes and promotes overall wellness in our communities.

Our dream is to create an equal playing field for all, and live in a world without AIDS where addiction is treated as a health issue rather than a criminal one. To improve health and ignite hope and continue leading in the field of health education and wellness, to offer services that truly increase individuals' self-management skills, self-esteem, and encourage better health choices. Continuing to be an organization that provides ultimate respect to clients and employs a strengths-based approach, "meeting people where they're at." Our Overall Goal is to improve health and safety in our communities, lower healthcare costs, and reduce prison recidivism.

MEMBERSHIP & BENEFITS

Membership benefits includes the following:

- 100% of this membership is tax deductible
- Entrepreneurial opportunity to raise meaningful funds for EXPONENTS programs & services
- Opportunity to attend special members-only events
- Recognition as a member on the Exponents' website
- Invitations to all Exponents events throughout the year including socials, Open Houses and Annual Gala
- Access to Exponents Leadership & STAFF
- Opportunities to network with other professionals in the program, with representation across multiple industries
- Early registration for Exponents events and volunteer opportunities
- Organize the fundraisers and networking events
- Receive discounts on tickets for EXPONENTS paid events

Junior Board Member: \$250 individual

Join now Renew Gift Membership

HOME INFORMATION

NAME: _____ NICKNAME: _____

ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

PHONE: _____ E-MAIL: _____

BUSINESS OR PROFESSIONAL INFORMATION

COMPANY/ORGANIZATION NAME: _____

ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

PHONE: _____ FAX: _____ E-MAIL: _____

PROFESSION: _____ TITLE: _____

SEND MAIL FROM EXPONENTS TO:

HOME ADDRESS

BUSINESS ADDRESS

SEND E-MAIL FROM EXPONENTS TO:

PERSONAL E-MAIL ADDRESS

BUSINESS E-MAIL ADDRESS

MEMBERSHIP DONATION

\$250 – Membership Additional Donation _____

I will pay the processing fee of \$7.50, so the agency can receive 100% of my donation. Yes No

Credit Card Information: MasterCard Visa American Express

Card Number: _____

Expiration date: _____ Zip: _____

Code: _____

Name as it appears on Card: _____

Please make checks payable to EXPONENTS Junior Board.

Membership gifts must be renewed on June 1, 2020.

Membership benefits are subject to change.

WE SUGGEST EACH MEMBER COMMIT TO AT LEAST ONE HOUR OF INVOLVEMENT PER MONTH. THIS COMMITMENT CAN COME IN THE FORM OF ATTENDANCE AT MEETINGS, PROGRAMS, VOLUNTEER OPPORTUNITIES OR EVENTS.

Junior Board Members are expected to:

- (1) volunteer for a minimum of 15 hours throughout the year; and
- (2) attend the EXPONENTS Annual Benefit, program events and general meetings

I understand the mission and requirements of EXPONENTS, and would like to become a member during the current 2019-2020 appointed year.

SIGNATURE: _____ **DATE:** _____

PLEASE RETURN THIS FORM BY MAIL OR E-MAIL TO:

Patrice Bocci
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