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 approached, ”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:** __________________________________________

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# 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

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# 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:** ________________________________

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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
EXONENTS
17 BATTERY PLACE, 8TH FLOOR
NEW YORK, NY 10004
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pbocci@exponents.org