

# Junior Board Membership Application

## 2022-2023

Please call Alex Spinks at 212.243.3434 ext. 347 or email [aspinks@exponents.org](mailto:aspinks@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, 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 LEVELS & BENEFITS

#### **\$100 General Member**

- 100% of this membership is tax deductible.
- Entrepreneurial opportunity to fundraiser for Exponents
- Recognition as a Junior Board member on the Exponents website
- Invitations to all Junior Board events throughout the year, including socials, volunteer events, and the Junior Board Spring and Fall general meetings.
- Access to Exponents staff
- Opportunities to network with other young professionals on the Junior Board, with representation across multiple industries

#### **\$250 Friend**

- All of the benefits of Junior Board Membership plus:
- Recognition as a Friend of the Junior Board on the Exponents website
- One complimentary ticket to Annual Benefit (\$140 value)
- Ability to host official Junior Board social and fundraising events with name recognition as a Friend of the Junior Board

#### **\$500 Partner**

- All of the benefits of Junior Board Membership and Friend, including one complimentary Annual Benefit ticket (valued at \$140), plus:
- Recognition as a Partner of the Junior Board on the Exponents website
- Ability to host official Junior Board social and fundraising events with name recognition as a Partner of the Junior Board
- Discount on a second ticket to Annual Benefit (\$200 discount ticket price)

*Membership benefits are subject to change.*

# JOIN TODAY!

## MEMBERSHIP APPLICATION

### 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: \_\_\_\_\_ 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**

## **MEMBERSHIP LEVEL:** *(check one)*

\$100 General Member     \$250 Friend     \$500 Partner     Additional Donation \_\_\_\_\_

## **PAYMENT METHOD:**

Check    *Please make checks payable to Exponents, Inc.*

Credit Card:     MasterCard     Visa     American Express

Name as it appears on Card: \_\_\_\_\_

Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_    Billing Zip Code: \_\_\_\_\_    Code: \_\_\_\_\_

## **PARTICIPATION GUIDELINES:**

WE ENCOURAGE MEMBERS OF THE JUNIOR BOARD TO COMMIT TO AT LEAST ONE HOUR OF INVOLVEMENT EVERY QUARTER. 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 4 hours throughout the year, and;**
- (2) attend the EXPONENTS Annual Benefit and general meetings**

*I understand the mission and requirements of EXPONENTS, and would like to become a member during the current 2022-2023 appointed year.*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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

Alex Spinks

EXPONENTS

17 BATTERY PLACE, 8TH FLOOR

NEW YORK, NY 10004

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