



# IMPACT CIRCLE MEMBERSHIP APPLICATION

## MISSION

**Impact Circle** is the **Fun, Fabulous & Philanthropic** membership group of Big Brothers Big Sisters of Greater Miami. Impact Circle is an exclusive group which provides access to unique events & interactive experiences to engage with other young, upscale members.

## MEMBERSHIP BENEFITS

- **Access to a variety of exclusive social events available to Impact Circle members only.**
- **Monthly lounge-style event for members.**
- **Dedicated Public Relations effort to showcase IMPACT CIRCLE & its members.**
- **Opportunity to network with other like-minded individuals.**
- **Help Big Brothers Big Sisters of Greater Miami by matching more deserving children with a mentor.**
- **IMPACT CIRCLE welcome kit**

**MEMBERSHIP FEE-** \$300 annual donation

**CHAIRS-** Tina Van der Ven & Emily Treister

## CO-CHAIRS-

**Monthly Event Hostess – Michelle Villalobos**

**Talent Scout – Larry Ross & A.R. Barrington**

**Media Magnet – Lucy Hislop**

**Hospitality Guru – Diana Abril**

**Co-Hospitality Guru- Raul Reichard**

**Festivus Chair – Andrea Thompson**

**Cabinet: Jeanie Hernandez, Marita Leonard, Nikol Solares**

# IMPACT CIRCLE

# APPLICATION



The following biographical information is requested from all applicants. Please list the information as you would like it to appear in our membership directory. You may download this application from the BBBS website: [www.wementor.org](http://www.wementor.org). Please forward your application with a passport size digital headshot to Big Brothers Big Sisters, 701 SW 27<sup>th</sup> Ave. Ste. 800, Miami, FL 33135 or email [rgonzalez@bbbsmiami.org](mailto:rgonzalez@bbbsmiami.org).

## EMPLOYMENT SECTION

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Title \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Remember to email us a passport size head and shoulders jpg photograph, biography, and application. It will be used in our membership directory, so quality is important.**

## PERSONAL SECTION

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Preferred email \_\_\_\_\_

All IMPACT CIRCLE notices will be sent by email unless you specify otherwise.

Education (Begin with highest level completed)

<i>School</i>	<i>Dates</i>	<i>Degree</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PHILANTHROPIC AFFILIATIONS



Please briefly list all other philanthropic or charitable organizations that you're currently affiliated with or have been affiliated with in the last 5 years.

---

---

---

## REASONS FOR JOINING

Please briefly indicate your reasons for seeking membership with **Impact Circle**.

---

---

Please list the name of the referring member.

---

## PAYMENT OPTIONS

Membership is for one year from the date dues are received. For payment, you have the option of making a one-time payment of \$300, or in two payments of \$150 each. **Membership billings will continue/be renewed automatically unless you notify us otherwise. Please note that if you choose to make two payments we will require a credit card and we will automatically bill your credit card for the remaining payment halfway through your membership.**

### Credit Card Authorization

*Please check one option below*

I authorize the amount of \$300 to Big Brothers Big Sisters of Greater Miami to be paid in \_\_\_ one installment of \$300 or \_\_\_ in two installments of \$150 with payment made by my credit card.

Name as it appears on card \_\_\_\_\_  
Credit Card Billing Address \_\_\_\_\_

Select type of card  Visa  MasterCard  American Express

Card Number \_\_\_\_\_ Expiration date \_\_\_\_\_

*By signing this application, you promise to pay such amount as noted above subject to and in accordance with the agreement governing the use of such card. Note: Charges will appear from **Big Brothers Big Sisters of Greater Miami** on your credit card statement. All information provided in this application will be held in the strictest confidence and used only in direct relation to **IMPACT CIRCLE** business.*

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

*Please email completed application with digital headshot to Ryan Gonzalez at [rgonzalez@bbbsmiami.org](mailto:rgonzalez@bbbsmiami.org) or fax to (305) 649-6358. Make checks payable to Big Brothers Big Sisters of Greater Miami, 701 SW 27<sup>th</sup> Ave. Ste. 800, Miami, FL 33135.*