

## Junior Board Membership Application 2019-2020

Please call Patrice Bocci at 212.243.3434 ext. 347 or email [pbocci@exponents.org](mailto:pbocci@exponents.org) to inquire.

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### 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.

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### MEMBERSHIP & BENEFITS

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**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

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## 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 - Member  Additional Donation \_\_\_\_\_

Credit Card Information:  MasterCard  Visa  American Express

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

Expiration date: \_\_\_\_\_

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.*

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**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 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  
EXPONENTS  
17 BATTERY PLACE, 8TH FLOOR  
NEW YORK, NY 10004  
PHONE: (212)243-3434, ext. 347  
[pbocci@exponents.org](mailto:pbocci@exponents.org)**