



Quality of Life

Outreach, Inc.

To promote health, safety
and wellness in Polk County

Annual Membership Commitment Form
2019

Name: _____

Address: _____ **City, State, Zip:** _____

Email Address: _____ **Phone Number:** _____

Membership:

_____ **General Member:** General Members are eligible to vote in the annual election and may serve on the Board of Directors if nominated. General Members shall serve on committees to help ensure the success of the Corporation.

_____ **Advisory Member:** Advisory members are not eligible to serve on the Board of Directors and are not eligible to vote in the annual election of officers. Advisory members shall serve on committees and provide guidance, suggestions, and direction as needed. *Advisory members may not be eligible for general membership due to job or personal restrictions.*

Conflict of Interest:

Bylaws Article V. Section 12. Conflicts of Interest:

Whenever a member has a financial or personal interest in any matter coming before the Board of Directors, the affected person shall a) fully disclose the nature of the interest to the Board of Directors and b) withdraw from voting on the matter. Any transaction or vote involving a potential conflict of interest shall be approved only when a majority of disinterested directors determine that it is in the best interest of the corporation to do so. The minutes of meetings at which such votes are taken shall record such disclosure, abstention and rationale for approval.

Membership Agreement:

As a member of the Quality of Life Outreach, Inc. of Polk County, Arkansas I acknowledge and accept the responsibility inherent to making a non-profit organization successful. I recognize that volunteer support is critical and expected among the corporation. I agree to be actively involved, attend and participate in meetings and events, and to assist in the recruitment of new members. I have received a copy of the Quality of Life Outreach, Inc. Bylaws and agree to abide by the guidelines set forth by the corporation.

Signature: _____ **Date:** _____

Quality of Life Outreach, Inc
PO Box 1135
Mena, AR 71953

www.qoloutreach.org

qoloutreach@gmail.com