

## Pitch Your Peers The Hamptons 2025 **New Member Registration Form**

NAME:		MAILING ADDRESS:	
EMAIL:			
PHONE:			
BIRTHDAY:			
\$1,000 in a that have b	ted minimum annual dues in the amount of \$1,000 per me nnual dues — donating generously to our local community een vetted, researched, and collectively approved by our m they pay. We ask that members contribute a suggested d	through PYP ensures that your do nembership. Note that each memb	llars will go to help local non-profits er is only given one vote, regardless
For 2025 n	nembership dues, I would like to make a donation to the ):	ne PYP The Hamptons grant poo	ol in the following amount (please
	<ul> <li>□ \$1,000 (suggested minimum amount for membersh</li> <li>□ \$1,500</li> <li>□ \$2,000</li> <li>□ \$</li> </ul>	iip)	
I will also i	nclude the following donation to PYP The Hamptons	with my membership check:	
	$\square$ \$50 additional donation to help cover PYP The Hamptons costs		
Please not	e (check all that apply):		
	$\square$ I will donate via a foundation/donor advised fund a $\square$ My/my spouse's company matches funds! Please for		у
SIGNATURE:			DATE:

Our parent, Pitch Your Peers, Inc., is a 501(c)(3) organization. All donations to Pitch Your Peers The Hamptons are tax deductible (EIN 92-1832914). Donation amounts can be combined and paid with one check. Please make checks payable to Pitch Your Peers and mail along with this membership registration form to:

## **Pitch Your Peers**

The Hamptons c/o Brooke Bohnsack PO Box 719 Amagansett, NY 11930

Please submit a head shot and bio via email to <a href="mailto:brooke@pypthehamptons.org">brooke@pypthehamptons.org</a> if you would like to be included in our online directory.