



5555 San Felipe St., Ste 1750 | Houston, TX 77056-5527
Phone: 713.952.0100 | Toll Free: 877.955.0100 | Fax: 713.952.0181

Name: _____
(Please print, only one name per application)

Business Name: _____
(Please print, only one name per application)

Mailing Address: _____
City _____ State _____ Zip Code _____
Phone: _____
E-mail address: _____

Have you previously been a member? Yes No
Are you currently a member? Yes No If yes, please provide your membership # _____

PLEASE MARK YOUR MEMBERSHIP CHOICE

- Regular Membership \$100 annually
- Business Membership \$150 annually
- Quarterly Life Membership \$250 paid annually over 4 consecutive years (you become a life member after the full \$1,000 is paid)

I would like to make my Regular Annual, Business Annual or Quarterly Life Membership a recurring membership.

If so, please circle "YES" below:

YES

By circling "YES", I understand that my credit card will automatically be charged for the cost of membership once each year on the anniversary date of my current membership.

- Life Membership \$1,000 single payment
- Business Life Membership \$1,500 single payment

PLEASE RETURN THE COMPLETED APPLICATION WITH YOUR CHECK (MADE PAYABLE TO: THE 100 CLUB), OR CREDIT CARD INFORMATION TO THE ADDRESS PROVIDED ABOVE.

American Express MasterCard Visa Discover

Account Number: _____

Credit Card Expiration Date: _____



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