



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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