



6919 Portwest Dr Ste 150 • Houston TX 77024-8050
Phone: 713-952-0100 • Toll Free: 877-955-0100 • Fax: 713-952-0181

Name: _____

(Please print, only one name per application)

Business Name: _____

(Applies to Business Memberships, you must include an individuals name)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

E-mail address: _____

Have you previously been a member? Yes No

Are you currently a member? Yes No

PLEASE MARK YOUR MEMBERSHIP CHOICE

Regular Membership
\$100 annually

Business Membership
\$150 annually

Life Membership
\$1,000 single payment

Business Life Membership
\$1,500 single payment

Quarterly Life Membership
\$250 paid annually over 4
Consecutive years (you become
a life member after the full
\$1,000 is paid)

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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