

6919 Portwest Dr Ste 150 • Houston TX 77024-8050 713-952-0100

Name:		
(Please print, only one name per application)		
Business Name:		
(Applies to Business Memberships, you must inclu	ıde an indiv	viduals name)
Mailing Address:		
City:	State:	Zip Code:
Home Phone:		Cell:
E-mail address:		
Have you previously been a member? Yes Are you currently a member? Yes		No 🗌
PLEASE MARK Y	OUR MI	EMBERSHIP 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)		☐ Diamond Life Membership \$5,000 single payment ☐ Platinum Life Membership \$10,000 single payment
PLEASE RETURN THE COMPLETED A PAYABLE TO: THE 100 CLUB), OR CE PROVIDED ABOVE.		ATION WITH YOUR CHECK (MADE ARD INFORMATION TO THE ADDRESS
American Express	Visa [Discover
Account Number:		
Credit Card Expiration Date:/		





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