



5555 San Felipe St Ste 520
Houston TX 77056-2733
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 _____

Phone: _____

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
\$1000 single payment

Business Life Membership
\$1500 single payment

Quarterly Life Membership
\$250 paid annually over 4
Consecutive years (you become
a life member after the full
\$1000 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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