

NEW MEMBER APPLICATION



1126 SE 7 Street
Fort Lauderdale, FL 33301
Phone 954-524-2911
TheHundredClub@gmail.com
www.the100club.net

Date _____

I hereby make application for membership in THE HUNDRED CLUB OF BROWARD COUNTY, INC.

*Name(s): _____
Please legibly print all information. Membership is not transferable.

*Mailing Address: _____
_____ *Zip _____

Home phone: _____ Cell: _____

Business phone: _____

E-Mail Address: _____

I prefer Hundred Club correspondence* mailed or emailed.

ANNUAL DUES: By check: **\$300** made out to *The Hundred Club*, due Jan. 1
\$150 after June each year
Online: **\$310** at www.the100club.net, due Jan. 1
\$155 after June each year..
Dues paid by January 1 will receive a membership card.

Applicant Signature

WE HEREBY SPONSOR THE FOREGOING APPLICATION:
(Applicant must be sponsored by two members of The Hundred Club of Broward County, Inc.)

Sponsor Signature

Sponsor Signature

Print Name

Print Name

Date

Date

Completed application, with a dues check made out to "*The Hundred Club of Broward County*," should be mailed to: The Hundred Club,
c/o Susan Holden
1126 SE 7 Street
Fort Lauderdale, FL 33301

* = required information

Date rec'd: _____ Amount paid: \$ _____ By _____
Applicant accepted on: _____, 20____ .