To the Board of Directors – The Hundred Club of Detroit

We recommend for membership in The Hundred Club of Detroit, the undersigned, who on election, agrees to uphold the standards and objectives of the Club.

Applicant Name: _____
PLEASE PRINT

Date of Birth: _____ Email Address: _____

Home Address: _____ Telephone No.: _____

City: _____ State: _____ Zip Code: _____

Son/Daughter of Current/Prior Member? _____ Cell Phone No.: _____

Company Name: _____

Position: _____ Telephone No.: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Send Correspondence To: ☐ Home ☐ Business

Other Club Affiliations and Length of Membership:

_____ Year Joined: _____

_____ Year Joined: _____

_____ Year Joined: _____

Other Community Activities/Organizations Actively Supporting: _____

_____

_____

Purpose for Desiring Membership in The Hundred Club of Detroit: _____

_____

_____

Applicant Signature: _____ Date: _____

Proposed By: _____ Seconded By: _____
PLEASE PRINT *PLEASE PRINT*

Signature: _____ Signature: _____

Please List Three (3) Additional Members in Good Standing That Will Endorse Your Application:

_____ _____ _____

Annual Dues $600.00

Please send your initial payment of $600.00 with your application.

Only *Complete* Applications Will Be Reviewed.