



THE MARTIN C. KAUFFMAN ONE HUNDRED CLUB OF ALAMEDA COUNTY

MEMBERSHIP APPLICATION

I hereby apply for membership in THE MARTIN C. KAUFFMAN ONE HUNDRED CLUB of ALAMEDA COUNTY:

___ *Mr.* ___ *Mrs.* ___ *Ms.* ___ *Miss* ___ *Other (Judge, Dr, etc.)*

NAME: _____
(Please type or print))

HOME ADDRESS: _____ **PHONE:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ **PHONE:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

OCCUPATION: _____ **FAX:** _____

EMAIL ADDRESS: _____

PREFERRED MAILING (Please check one): *HOME* *BUSINESS*

I PREFER TO BE CONTACTED VIA (Please check one): *FAX* *EMAIL*

Make checks payable to "THE MARTIN C. KAUFFMAN ONE HUNDRED CLUB"

(Check appropriate box)

Annual Dues	\$ 150.00 ___
Lapel Pin	\$ 20.00 ___
Life Membership	\$ 2,000.00 ___

Total Amount Enclosed: \$ _____

APPLICANT SIGNATURE: _____ **DATE:** _____

MEMBER SPONSOR'S NAME: _____
(Please Print)

**Please send with your check to: 100 Club Board of Directors
781 McKean Place
Concord, CA 94518-2835**

Applicant accepted into membership this _____ *day of* _____

Board Member Signature: _____