



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: _____