



The 100 Club of Rhode Island, Inc.
222 Chestnut Street, Providence, Rhode Island 02903 Phone (401) 421-2500
www.100ClubRI.com

Membership Application

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

Email: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Title: _____ Phone: _____

Date of Birth _____

Please send all correspondence to me at:
 Home Address Business Address

I wish to be a member from:

(City or Town)

Enclosed is my check for \$100 payable to "The 100 Club of Rhode Island":

(Signature)

In the event that any members shall not have paid his/her said dues by the 1st of October of any year his/her membership in the corporation shall automatically cease and terminate, he/she shall be dropped from the roster of members, and his/her membership identification shall forthwith be returned by him/her to the corporation.

We hereby sponsor the foregoing application:

(Signature)

(Signature)

This Application must be sponsored by two members of the 100 Club of Rhode Island, Inc.

Applicant accepted into membership

This _____ day of _____, 20_____.