



**CLUB 100 CHARITIES – REGULAR MEMBER
APPLICATION**

A group of service oriented, faith based members, dedicated to making our community a better place to live by focusing on the needs of our youth, elderly and families, while recognizing outstanding service from others in the community.

Note: All members working with any youth must pass a Sheriff's Dept. Background check

Date: _____ **Date Approved:** _____

First Name & Initial: _____ **Nick Name:** _____ **Last Name:** _____

Home Address (FL): _____

City & State: _____ **Zip Code:** _____

Home Phone: _____ **E-mail:** _____

Cell Phone: _____ **FAX:** _____

Home Address #2: _____

City & State: _____ **Zip Code:** _____

Date/Place Of Birth: _____ **Spouse's Name:** _____

Occupation/ Education: _____

Company Name/Position: _____

Company Address: _____ **Bus Phone:** _____

Hobbies & Interest: _____

List Reasons For Applying: _____

Sponsored By: _____

(Print)

(Candidate's Signature)

(Sponsor's Signature)

Dues (\$50/yr.): Dues are to be prorated to October 1st at a rate of \$5.00/month