

MEMBERSHIP APPLICATION
THE HUNDRED CLUB OF KANKAKEE COUNTY, INC.
(an Illinois not-for profit corporation)

DATE _____

Name: _____

(Please print)

Home Address: _____

City, State, Zip _____

Business Name: _____

Business Address: _____

City, State, Zip _____

Please mail all correspondence to me at: (Check One)

Home Address _____ **Business Address** _____

Telephone numbers: **Home** _____ **Office** _____

Signature _____

WE HEREBY SPONSOR THE FOREGOING APPLICATION:

Printed Name of Sponsor Signature of Sponsor

Printed Name of Sponsor Signature of Sponsor

(This application must be sponsored by two members of The Hundred Club of Kankakee County, Inc.)

Membership fee is for one Fiscal Year -January 1 through December 31

**Return Application with
\$125 Annual Membership Fee to:**

**The Hundred Club
P. O. Box 352
Kankakee, IL 60901**

Applicant accepted into membership this _____ day of _____, 20____

Secretary _____