

**100 Club of Solano & Yolo Counties**

**APPLICATION FOR MEMBERSHIP**

I am applying for: ☐ Annual membership (dues of $100, paid each year)

☐ Lifetime membership (dues of $1,000, one-time payment)

**Mail completed application and non-refundable processing fee of either $100 for an annual membership, or $1,000 for a lifetime membership to:**

**1530 Webster St., Suite A, Fairfield, CA 94533.**

**When you are accepted as a member, this processing fee will pay your dues.**

**For questions, please contact Ron Turner at (925) 250-7491.**

**Personal Information (Please print clearly!)**

Last Name: First Name:

Mailing Address:

City, state, and zip code:

Home Phone: Cell Phone:

Email:

Have you been a subject of a court issued protective order? ☐ Yes ☐No

Have you ever been the subject of an ethics violation investigation from a professional association or licensing board? ☐ Yes ☐ No

If yes, please explain (including dates):

**Employment Information**

Type of employer: ☐ Corporation ☐ Partnership ☐ Individual

☐ Government ☐ Other

Present employer:

If self-employed, name of business:

Position/Title:

Length of current employment:

Business address:

City, state, zip code:

Phone:

Email:

**Agreement and Authorization:**

I certify that all the information contained in this application is true and correct to the best of my knowledge. I understand that providing false information is grounds for rejection of the application. I understand that my application for membership will be voted on by the 100 Club of Solano and Yolo Counties Board of Directors. I further understand that if I am accepted for membership in the 100 Club SYC, I will be required to adhere to all applicable rules as described by the 100 Club SYC By-laws. I hereby authorize the 100 Club SYC to conduct a limited background investigation for purposes of determining my suitability for membership in this organization. The limited background investigation will be conducted by a member of the board. In authorizing this investigation, I agree to indemnify and hold all parties harmless against any and all claims which might result from furnishing this information. A facsimile copy of this release will be as valid as the original.

Signature of application (required):

Signature Date:

Office Use only:

Date received:

Recommended for membership: ☐ Yes ☐ No ☐ Annual ☐ Lifetime

Membership approved: ☐ Yes ☐ No Fees received: ☐ Yes ☐ No