



## 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:  
PO Box 835, 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