



Membership Application

Date _____

Membership is open to all who live, work and play in the greater West Palm Beach community and who wish to volunteer their time to benefit the children, families and neighborhoods of West Palm Beach. This membership application form will allow you to become a member of West Palm 100.

The membership term for West Palm 100 is from January 1st to December 30th of each year. The Membership Fee is \$100.00 annually. 100% of your membership dues funds our annual Grant Program to support our annual Charity of Choice plus 5 other recipients at a lesser grant amount. In an effort to ensure that you get the most value out of your membership, West Palm 100 pro-rates the Membership Fee based upon the date you join. The current pro-rated membership fee based upon today's date is on the Become a Member page of www.westpalm.org.

Please mail completed form to West Palm 100, PO Box 4412, West Palm Beach, FL 33402.

First Name	Middle Name	Last Name
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Company Name	Title
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Company Address	City	State	ZIP Code
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Phone Number	Fax Number	Email Address	Company Web Address
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Gender	Date of Birth	Nickname
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Home Address	City	State	ZIP Code
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Career Classification

The West Palm 100 wants to know what industry you work in. By understanding the industries our members work in, we are better able to leverage our membership for the benefit of the community.

Career Category	Career Sub-category
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Committee Interest: Social _____ Service _____ Membership _____ Gala _____
[the respective chairs will contact you if you would like to be a part of one of our committees]

Payment Information

For current rates, please go to www.westpalm100.org or call us at (561) 306-5414

Check or money order enclosed
 Apply my membership fee to a credit card: Visa Mastercard American Express Discover

Cardholder's Name	Card Number	Expiration Date	Signature
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