

The VI 100 CLUB
P.O. Box 11790
ST. THOMAS, USVI 00801

APPLICATION FOR MEMBERSHIP

NAME _____
(please print) (only one name per application)

BUSINESS NAME: _____
(Applies to Business Membership- Must also be in a person's name)

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____

EMAIL: _____

HAVE YOU PREVIOUSLY BEEN A MEMBER? YES (WHAT YEAR _____) NO

ARE YOU CURRENTLY A MEMBER? YES NO NEW RENEWAL

Please Mark your Membership Choice:
Membership Dues are as Follows:

Regular Membership:
\$200.00 paid annually

Business Membership:
\$1,000.00 paid annually

Life Membership:
\$2,000.00 single payment

Business Life Membership
\$3,000.00 single payment

**PLEASE RETURN THE COMPLETED APPLICATION WITH YOUR CHECK
MADE PAYABLE TO THE CFVI (VI 100 Fund) TO THE ADDRESS PROVIDED
ABOVE.**