



Membership Application

Member Name _____

Preferred Mailing Address **Home** **Business**
(circle one above and provide info below)

Business Name (if applicable) _____

Mailing Street Address _____

City _____ State _____ Zip Code _____

Preferred Phone Number _____

Email Address _____

How did you hear about The 200 Club of Wake County?

Another member (Name: _____)

First Responder

Social Media or Local News

Greater Raleigh Chamber of Commerce

Holly Hill Hospital Golf Tournament

Other: _____

Completion of this application along with payment will complete your new membership into The 200 Club of Wake County. You will receive a membership card in the mail within a few weeks.

Please mail this application along with your check for \$200.00 to:

The 200 Club of Wake County

1500 Sunday Drive, Suite 102

Raleigh, NC 27607

If you have any questions please contact Administrative Assistant
Christine Johnson at (919) 573-1315 or info@200clubwakecounty.org.