California Highway Patrol 11-99 Foundation Membership Application

Step 1 Level of Membership & Referral Information

❒ **Gold Level** ($25,000, Spouse included) ❒ **Silver Level** ($10,000, Spouse included) ❒ **Bronze Level** ($5,000, Spouse add $2,500)

Yes, I am interested in joining the CHP 11-99 Foundation and I have completed the application below. I certify that I am at least **25 years old**. I understand I will receive written confirmation of receipt of my application within 2-3 weeks.

Referred By*: Name _____ Phone Number [_____] _____ - _____

**The person who recruited and/or encouraged you to join. They must be a member of the CHP 11-99 Foundation in good standing or an employee of the CHP*

Step 2 Primary Member

Please Correspond to: ❒ Business ❒ Home

Please print clearly using ink - ALL information must be included

Name _____ (as listed on Driver's License)

Home Mailing Address _____ City _____ St _____ Zip _____

Phone [_____] _____ - _____ Fax [_____] _____ - _____ Email _____

Driver's License # ___ ___ ___ ___ ___ ___ ___ ___ State of Issuance _____ Social Security # ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Business Name _____

Business Mailing Address _____ City _____ St _____ Zip _____

Phone [_____] _____ - _____ Fax [_____] _____ - _____ Email _____

How would you like your name printed on the plaque and membership card? _____

Step 3 Spouse°

Please Correspond to: ❒ Business ❒ Home

°Included in Gold & Silver Levels. Bronze Level requires an additional $2,500 for Spouse.

Name _____ (as listed on Driver's License)

Home Mailing Address _____ City _____ St _____ Zip _____

Phone [_____] _____ - _____ Fax [_____] _____ - _____ Email _____

Driver's License # ___ ___ ___ ___ ___ ___ ___ ___ State of Issuance _____ Social Security # ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Business Name _____

Business Mailing Address _____ City _____ St _____ Zip _____

Phone [_____] _____ - _____ Fax [_____] _____ - _____ Email _____

How would you like your name printed on the plaque and membership card? _____

Step 4 Method of Payment

Check will not be deposited nor will credit card be charged until application is approved.

❒ Check in the amount of $ _____ made payable to: **CHP 11-99 Foundation** *If application is denied, check will be returned.*

Please charge my ❒ **Visa** ❒ **MasterCard** ❒ **American Express** in the amount of $_____

Credit Card Number _____ Exp. Date _____ /_____ Credit Card Billing Zip Code _____

Mail completed application with check or credit card information to: **CHP 11-99 Foundation • Post Office Box 3537 • La Habra, California 90632-3537**

Step 5 Shipping Information

Membership Packages are shipped via **UPS**. If you listed a Post Office Box, or if you want package shipped to a different address, please provide a shipping address: _____ City _____ State _____ Zip _____

Step 6 Terms & Conditions

I hereby authorize you to conduct a complete background investigation prior to or during my membership, which will include, but not be limited to, driver's license status, criminal history and public records review, and I waive any right I may have to request or receive a copy of the results of such investigation that you may receive. Once I am accepted for membership, I understand that (a) the identification materials issued shall remain the sole property of the CHP 11-99 Foundation, (b) membership does not authorize me to exercise any (i) peace officer powers or privileges, or (ii) leniency or preferential treatment in any contact involving a law enforcement agency, (c) any abuse of membership privileges or property shall result in my immediate termination, and (d) my membership may be revoked at any time without cause and in the sole discretion of the CHP 11-99 Foundation. Upon any such membership termination, I agree to surrender all identification material upon demand. I hereby agree to abide by the Corporation's Bylaws and any rules and regulations set forth by the Board of Directors. I declare under penalty of perjury that I have no felony convictions.

Signature of Primary Member _____ Date _____

Signature of Spouse _____ Date _____

To be completed by CHP 11-99: Date Received _____ Date Sent for Approval _____ Approved _____ Denied _____