



CHP 11-99 FOUNDATION

Membership Upgrade

Thank you for your interest in upgrading your existing membership.

Your total upgrade fee due is the difference between what you have already paid in membership fees for your current level and the price of your *NEW* desired membership level. E.g. You joined at the Classic level for \$2,500, so you would pay an additional \$2,500 to upgrade to the Bronze level. For couples - if you paid \$3,500 for your Classic level membership with your spouse/partner, you would pay an additional \$3,000 to upgrade to Bronze level (note: Silver, Gold, and Platinum levels include a Spouse/Partner, no additional fee required).

If you are unsure of your giving history, please contact your regional development manager below or give us a call at 714.529.1199.

Northern CA: Michelle Abril at Mabril@chp11-99.org

Southern CA: Lupe Guzman at Lguzman@chp11-99.org

Step 1: Primary Member Information - Please check one: Mr. Mrs. Ms. Dr. Other _____

Full Legal Name _____ M F DOB _____ Home

Member ID# _____ Email _____ Phone _____ Cell Bus.

Mailing Address _____ City _____ State _____ Zip _____ Home Bus.

Business Name _____ City _____ State _____ Zip _____

Step 2: Spouse/Partner Information - (if applicable) Please check one: Mr. Mrs. Ms. Dr. Other _____
(Spouse/Partner is a domestic or life partner. Children and/or business partners do not qualify.)

Full Legal Name _____ M F DOB _____ DL# _____ State _____ Home
Must be 25 or older

Member ID# (if applicable) _____ Last 4 of SS# _____ Email _____ Phone _____ Cell Bus.
only if applying

Mailing Address _____ City _____ State _____ Zip _____ Home Bus.

Business Name _____ City _____ State _____ Zip _____

Step 3: Upgrade Selection & Payment - Please select your desired membership level (Spouse/Partner included Silver - Platinum levels):

PLATINUM \$100,000 GOLD \$25,000 SILVER \$10,000 BRONZE \$5,000 (+\$1,500 for Spouse/Partner)

Pay Full Upgrade Amount Make Payments - please select your preference from the following: Monthly Quarterly Annually

Upgrade Amount Total \$ _____ Check Enclosed (payable to **CHP 11-99 Foundation**) Please Invoice Me Charge Credit Card

Credit Card # _____ Exp _____ / _____ CVV _____ Billing Zip _____

Additional Support - \$11.99 Monthly Giving Program - View more at chp11-99.org/give-1199.

YES! I would like to provide ongoing support through the **\$11.99 Monthly Giving Program**. I hereby authorize my credit card above to be charged in the amount of \$ _____ (\$11.99 or more) on the _____ day of the month starting in _____
Recurring payment may be canceled at any time. Month Year

Step 4: Shipping Information - Cannot be delivered to P.O. boxes. Please indicate physical address, if different than mailing address:

Ship to: _____ City _____ State _____ Zip _____

Special Instructions: _____

Step 5: Membership Terms & Conditions Agreement - Signature(s) Required Below

I declare under penalty of perjury that I have no felony convictions. I hereby authorize you to conduct a complete background investigation prior to or during my association with the CHP 11-99 Foundation, which will include, but not be limited to, driver's license status, criminal history and public records. I waive any right I may have to request or receive a copy of the results of such investigation. Causes for denial of membership: Any applicants with felony arrests or charges that have been reduced is cause for denial. Recent arrests for alcohol/drugs DUI is cause for denial. If it is discovered after the background investigation is completed that the applicant has had more than three law enforcement contacts of any nature within a year, it is cause for denial. If I am accepted, I understand that (a) the identification materials issued shall remain the sole property of the CHP 11-99 Foundation, (b) association 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 association privileges or property shall result in my immediate termination, and (d) my association may be revoked at any time without cause and at the sole discretion of the CHP 11-99 Foundation. I agree to surrender, for any reason, any and all donor benefits and identification materials, including license plate frames, upon request by the members of the CHP 11-99 Foundation's Board of Directors or their agent.

Primary Member SIGNATURE _____ Spouse/Partner SIGNATURE _____
(if applicable)

Please select new membership package items on reverse side.

For Office Use Only: Rec'd _____ Event ID _____ Ref _____ Mail Code **V0122**

All information provided is kept strictly confidential.



Membership Package Items

The Fair Market Value (FMV) of any items received with your membership is not tax-deductible.

View photos and tax info at chp11-99.org/member-items

If you prefer not to receive any items, please check here to show that you **decline all merchandise.**

Check any or all items you wish to receive in your membership package under the appropriate level below. Couples will each receive these items unless otherwise specified. **Any items NOT checked will NOT be sent.**

Please allow **approximately 10-12 weeks** for personalization and delivery of these beautiful gifts.

PLATINUM LEVEL

- Personalized Platinum Award*
- Platinum Level Watch
 - Men's Women's
- Special Recognition in the 11-99 Foundation's Annual Report
- Invitations to Exclusive Events
- Platinum Jacket with 11-99 Logo**
 - Primary Applicant Size _____
 - Spouse/Partner Size _____
- Laptop Backpack
- Messenger Bag
- Duffel Bag
- Dopp Kit (Toiletry Bag)
- (2) Coffee Tumblers (Black)
- 11-99 Logo Cap Black Navy
- (2) License Plate Frames Per Applicant (Black with Platinum Lettering)
- Leather Registration Holder
- Leather Wallet with Brass ID Card*
- Plastic ID Card*

-sizing recommendations:

**Jackets available in Men's S-3XL & Women's XS-3XL and run true to size.

Please note, women's jackets ARE FITTED.

GOLD LEVEL

- Crystal Star Award*
- Jacket with 11-99 Logo**
 - Primary Applicant Size _____
 - Spouse/Partner Size _____
- Laptop Backpack **or** Messenger Bag
- Duffel Bag
- Dopp Kit (Toiletry Bag)
- (2) Coffee Tumblers (Navy)
- 11-99 Logo Cap Black Navy
- (2) License Plate Frames Per Applicant (Chrome with Gold Lettering)
- Leather Registration Holder
- Leather Wallet with Brass ID Card*
- Plastic ID Card*

BRONZE LEVEL

- Crystal Star Award* (for Primary Applicant only)
- Laptop Backpack
- (2) License Plate Frames Per Applicant (Chrome with Bronze Lettering)
- Leather Registration Holder
- Leather Wallet with Brass ID Card*
- Plastic ID Card*

SILVER LEVEL

- Crystal Star Award*
- Jacket with 11-99 Logo**
 - Primary Applicant Size _____
 - Spouse/Partner Size _____
- Laptop Backpack **or** Messenger Bag
- Dopp Kit (Toiletry Bag)
- (2) Coffee Mugs
- 11-99 Logo Cap Black Navy
- (2) License Plate Frames Per Applicant (Chrome with Silver Lettering)
- Leather Registration Holder
- Leather Wallet with Brass ID Card*
- Plastic ID Card*

CLASSIC LEVEL

- Personalized Wall Plaque*
- (1) License Plate Frame Per Applicant (Chrome with Navy and Silver Lettering)
- Leather Wallet with Brass ID Card*
- Plastic ID Card*

*For ID cards and other personalized items, clearly print your preferred name for engraving below.

By default or if left blank, we will engrave as **First, Last.**

Primary Applicant Engrave Name

Spouse/Partner Engrave Name (if applying)

For recognition in our publications, please print your preferred name(s) below (E.g. The Smith Family Foundation, Karen & Tony Delgado).
(Note: We DO NOT print middle initials in publications)

Anonymous - no public acknowledgement, tax acknowledgement only Same as Engraving Name(s) Above

Other _____

Federal Tax ID #95-6530738

CHP 11-99 Foundation • 3188 Airway Avenue, Suite C • Costa Mesa, CA 92626

P: 714.529.1199 F: 714.529.1191 E: applications@chp11-99.org

Apply Online: chp11-99.org/membership