



# CHP 11-99 FOUNDATION

## Lifetime Membership Application

**Step 1: Lifetime Membership Level and Referral Information** - Please choose your membership package items on reverse side.

- PLATINUM \$100,000** (Spouse/Partner Included)
- GOLD \$25,000** (Spouse/Partner Included)
- SILVER \$10,000** (Spouse/Partner Included)
- BRONZE \$5,000** (Spouse/Partner, add \$1,500)
- CLASSIC \$3,000** (Spouse/Partner, add \$1,000)

How did you hear about us? \_\_\_\_\_ (If referred by a Member, please provide their name.)

I'm already a Member adding my Spouse/Partner. If checked, only existing Member's name & Member ID# is needed for Step 2.

**Step 2: Primary Applicant Information** - Please check one:  Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

Full Legal Name \_\_\_\_\_  M  F DOB \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_  
Must be 25 or older

Member ID# (if applicable) \_\_\_\_\_ Last 4 of SS# \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  Home  Cell  Bus.

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Home  Bus.

Business Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Step 3: Spouse/Partner Information** - (if applying) 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 \_\_\_\_\_  
Must be 25 or older

Last 4 of SS# \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  Home  Cell  Bus.

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Home  Bus.

Business Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Step 4: Method of Payment** - Payment for membership will not be processed until application is approved, unless event-related.

Amount \$ \_\_\_\_\_  Check Enclosed (made payable to **CHP 11-99 Foundation**)  Charge Credit Card

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_ CVV \_\_\_\_\_ Billing Zip \_\_\_\_\_

**Additional Support - \$11.99 Monthly Giving Program** - View more info at [chp11-99.org/give-1199](http://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 can be canceled at any time. Month Year

**Step 5: 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 6: 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 Applicant SIGNATURE \_\_\_\_\_ Spouse/Partner SIGNATURE \_\_\_\_\_  
(if applying)

Please choose your membership package items on reverse side.

For Office Use Only: Rec'd \_\_\_\_\_ Event ID \_\_\_\_\_ Ref \_\_\_\_\_ Mail Code **v0322**

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](http://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 Per Household (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 S-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 Per Household (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) Ceramic Coffee Mugs Per Household (Navy)
- 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 acknowledgment, tax acknowledgment only  Same as Engraving Name(s) Above

Other \_\_\_\_\_

Federal Tax ID #95-6530738

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P: 714.529.1199 F: 714.529.1191 E: [applications@chp11-99.org](mailto:applications@chp11-99.org)

Apply Online: [chp11-99.org/membership](http://chp11-99.org/membership)

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