



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)

***As of April 2024, a \$75 one-time administrative fee will be added to your total at checkout/processing. See Step 4 below.**

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

I'm already a Member, just 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 _____

Legal Name _____ M F DOB ____/____/____ DL# _____ State _____
Must match full legal name on driver's license 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.

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.)

Legal Name _____ M F DOB ____/____/____ DL# _____ State _____
Must match full legal name on driver's license Must be 25 or older

Last 4 of SS# _____ Email _____ Phone _____ Home Cell Bus.

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

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

- Pay Full Amount
- Make Payments - please select your preference from the following: Monthly Quarterly Annually
(membership items will not be sent until half of the total payments have been made)

Membership Total \$ _____ + \$75 one-time administrative fee = GRAND TOTAL \$

Please include the \$75 in your total payment: Check (payable to **CHP 11-99 Foundation**) Credit Card Stock Donor Advised Fund
(our team will follow up)

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 **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 E.g. 01 Month Year

Step 5: Shipping Information - Same as above

(If we need to ship via UPS & you have a P.O. Box listed above as your mailing address, please also provide a physical shipping address below)

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 by either physically presenting an 11-99 membership item or verbally discussing my membership and/or association with the CHP 11-99 Foundation, (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 **v0424**

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

Please **SELECT** **the items below** that you wish to receive in your membership package under the corresponding level.
Couples will each receive these items unless otherwise specified.

Check here if you wish to DECLINE all merchandise. No membership items will be sent if selected.

PLATINUM LEVEL

- (1) Personalized Platinum Award*
Per Household/Couple
- 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-2XL 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 Glass Plaque*
- (1) License Plate Frame Per Applicant
(Chrome with Navy and Silver Lettering)
- Leather Wallet with Brass ID Card*
- Plastic ID Card*

Please allow **approximately 4-6 weeks** for personalization and delivery of these beautiful gifts.

*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** and **Last** name.

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 Smith).
(Note: We DO NOT print middle initials in publications)

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

Other _____



SCAN ME

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

v0424