

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 \$3,000, so you would pay an additional \$2,000 to upgrade to the Bronze level. For couples - if you paid \$4,000 for your Classic level membership with your spouse/partner, you would pay an additional \$2,500 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, or would like to discuss your upgrade options please contact our Directors of Philanthropy:

Bryce Stowell and Eric Ewing at upgrades@chp11-99.org or 714.529.1199

Step 1: Primary Member Inf	ormation - Please check one: 🚨	Mr. □ Mrs. □ Ms.	☐ Dr. ☐ Other _		
Legal Name	Must match full legal name on driver's license		M □ F DOB	Must be 25 or older	Home
			Must be 25 or older Gell Cell Bus.		
Mailing					□Homo
Business Name		City	State	Zip _	
Step 2: Spouse/Partner Info	rmation - (if applicable) Please ch tic or life partner. Children and/or busine	neck one: 🗖 Mr. 🗖 Mr			
Legal Name	sh full legal name on driver's license	UM UF DOB/	/ DL#		State
	Last 4 of SS#E				
Mailing	only if applying				DUI
Rusiness					
□ PLATINUM \$100,000 □ Pay Full Upgrade Amount Upgrade Amount Total \$ Credit Card # Additional Support □ YES! I would like to proper to be charged in the amount Recurring payment may be canceled.	Payment - Please select your destail GOLD \$25,000 □ SILVE □ Make Payments - please select your destail Gold Gold Gold Gold Gold Gold Gold Gol	your preference from the reto CHP 11-99 Foundation Exp/CVV IM - View more at chp11: 11-99 Monthly Giving Process Tree on the day of	following: Month fon) Credit Card Edit Card Month Figure Billing Zip Figure 1199. Figure Month fithe month starting	Stock (our tensor or ize my cred inMonth	eam will follow up) lit card above
Ship to:		City	Stat	te Zij	p
Special Instructions:					
I declare under penalty of perjury that I have n Foundation, which will include, but not be limi- investigation. Causes for denial of membersh denial. If it is discovered after the background If I am accepted, I understand that (a) the ider (i) peace officer powers or privileges, or (ii) ler verbally discussing my membership and/or as association may be revoked at any time witho	& Conditions Agreement - Sign to felony convictions. I hereby authorize you to coted to, driver's license status, criminal history and ip: Any applicants with felony arrests or charges I investigation is completed that the applicant has ntification materials issued shall remain the sole priency or preferential treatment in any contact inviscociation with the CHP 11-99 Foundation, (c) any ut cause and at the sole discretion of the CHP 11 nequest by the members of the CHP 11-99 Foundation.	Induct a complete background invi- I public records. I waive any right I that have been reduced is cause for a had more than three law enforce property of the CHP 11-99 Foundar volving a law enforcement agency of abuse of association privileges of a surrence adation's Board of Directors or thei	estigation prior to or during may have to request or recordenial. Recent arrests for ment contacts of any naturition, (b) association does not by either physically present or property shall result in myder, for any reason, any and ragent.	ceive a copy of the r alcohol/drugs DL re within a year, it i not authorize me to ting an 11-99 mem y immediate termi	e results of such JI is cause for is cause for denial. o exercise any obership item or nation, and (d) my
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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**. \Box

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

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PLATINUM LEVEL	GOLD LEVEL	SILVER LEVEL				
Personalized Platinum Award* Platinum Level Watch OMen's OWomen'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 OBlack ONavy (2) License Plate Frames Per Applicant (Black with Platinum Lettering)	□ 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* SIZING RECOMMENDATIONS: **Jackets available in Men's S-3XL & Women's XS-2XL and run true to size.	□ 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 Applican (Chrome with Silver Lettering) □ Leather Registration Holder □ Leather Wallet with Brass ID Card* □ Plastic ID Card* BRONZE LEVEL □ Crystal Star Award* (for Primary Applicant only)				
□ Leather Registration Holder □ Leather Wallet with Brass ID Card* □ Plastic ID Card*	Please note, women's jackets ARE FITTED.	 □ Laptop Backpack □ (2) License Plate Frames Per Applicant (Chrome with Bronze Lettering) □ Leather Registration Holder □ 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 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