

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 Philanthropy team: Lupe Guzman, Bryce Stowell, and Eric Ewing at upgrades@chp11-99.org or 714.529.1199

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

Legal Name	Must match full legal name on driver's license							
			Must be 25 or older					
Mailing Address								
Business Name		City _				_ State _	Zip _	
Step 2: Spouse/Partner In		e) Please check on	e: 🗖 Mr.	🛛 Mrs.				
Legal Name	natch full lagal name on driver's license	D M	□F DOB	3/		DL#		_ State
Member ID# (if applicable)								
Mailing Address		, ,,, ,						
Business Name		City _				_ State _	Zip _	
Step 3: Upgrade Selection	n & Payment - Please se	lect your desired me	embership	o level (Spou	use/Partn	er includ	ed Silver - Pla	atinum levels):
PLATINUM \$100,000	🖵 GOLD \$25,000	SILVER \$10	,000	🗆 BRON	NZE \$5,	000 (+\$1	,500 for Spo	use/Partner)
Pay Full Upgrade Amount	Make Payments - pl	ease select your pre	ference f	rom the foll	owing: 🗆	Monthly	/ 🖵 Quarterl	y 🗅 Annually
Upgrade Amount Total \$	🗅 Check Enclo	sed (payable to CH I	P 11-99 F	oundation)	🗆 Credi	t Card 🛛	Stock (our te	am will follow up)
Credit Card #		Exp	/	CVV	B	illing Zip		
YES! I would like to	t - 11-99 Monthly Givi provide ongoing support the	nrough the 11-99 M	lonthly Gi	iving Progra	am. I here	by autho		
to be charged in the a Recurring payment may be can	mount of \$ (\$	11.99 or more) on t	he	_ day of the	e month s	starting ir	۱ Month	/ Year
Step 4: Shipping Informat	ion - Same as above (F	O Box: If we need to	ship UPS	S, please als	o provide	a physic	al shipping a	ddress below:
Ship to:		City	/			State	e 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 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 Member SIGNATURE		Spouse/Partner SIGNATURE			
Please select new membership package ite	ms on reverse side. 🦰	(if applicable)			
For Office Use Only: Rec'd	Event ID	Ref	Mail Code	v1124	



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 6-8 weeks** for personalization and delivery of these beautiful gifts.

PLATINUM LEVEL

GOLD LEVEL

Personalized Platinum Award* Crystal Star Award* Platinum Level Watch □ Jacket with 11-99 Logo** OMen's OWomen's Primary Applicant Size Special Recognition in the 11-99 Spouse/Partner Size _____ **Foundation's Annual Report** Laptop Backpack or Dessenger Bag Invitations to Exclusive Events Duffel Bag Platinum Jacket with 11-99 Logo** **Dopp Kit** (Toiletry Bag) Primary Applicant Size _____ (2) Coffee Tumblers **Per Household** (Navy) Spouse/Partner Size _____ □ 11-99 Logo Cap OBlack ONavy Laptop Backpack (2) License Plate Frames Per Applicant Messenger Bag (Chrome with Gold Lettering) Duffel Bag Leather Registration Holder **Dopp Kit** (*Toiletry Bag*) □ Leather Wallet with Brass ID Card* (2) Coffee Tumblers □ Plastic ID Card* **Per Household** (Black) **11-99 Logo Cap** OBlack ONavy **SIZING RECOMMENDATIONS:** (2) License Plate Frames Per Applicant **Jackets available in Men's S-3XL & (Black with Platinum Lettering) Women's XS-2XL and run true to size. Leather Registration Holder Please note, women's jackets ARE FITTED. 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 <u>or</u> D Messenger Bag
- **Dopp Kit** (Toiletry Bag)
- □ (2) Ceramic Coffee Mugs Per Household (Navy)
- **11-99 Logo Cap** OBlack ONavy
- □ (2) License Plate Frames Per Applicant (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)
 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 🔝

Federal Tax ID #95-6530738

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Apply Online: chp11-99.org/membership