

CHP 11-99 FOUNDATION Lifetime Membership Application



Step 1: Lifetime Membership Level and Referral Information - Please choose your membership package items on reverse side. □DIAMOND \$250,000 □PLATINUM \$100,000 □GOLD \$25,000 □SILVER \$10,000 □BRONZE \$5,000 □CLASSIC \$3,000 (Spouse/Partner Included SILVER - DIAMOND levels) (Spouse/Partner, +\$1,500) (Spouse/Partner, +\$1,000) *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. ☐ Dr. ☐ Other Member ID# (if applicable) _____ Last 4 of SS# ____ Email ____ Phone ____ DBus. City State Zip Bus. Address **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.) Must match full legal name on driver's license

Must match full legal name on driver's license

Must be 25 or older

State Last 4 of SS# _____ Email _____ Phone _____ Phone _____ Mailing Address City State Zip 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) + \$75 one-time administration fee = GRAND TOTAL |\$ Please include the \$75 in your total payment: ☐ Check (payable to CHP 11-99 Foundation) ☐ Credit Card ☐ Stock ☐ Donor Advised Fund 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 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 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. _ Spouse/Partner SIGNATURE Primary Applicant SIGNATURE Please choose your membership package items on reverse side. For Office Use Only: Rec'd ______ Event ID ____ _ Ref ___ Mail Code ____ **YE25**



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 <u>SELECT</u> ✓ <u>the items below</u> 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.

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	Diamond Level \	
□ Private Events with CHP Top Brass & 11-99 CEO	□ Name Displayed at 11-99 Headquarters & Recognition in Annual Report	□ Diamond Crystal Shield Award
□ Recognition in Perpetuity at the CHP Academy Museum	☐ Name Displayed at Annual Scholarship	 □ Diamond Membership Credentials □ Premium Leather Goods
☐ Hosted Travel & Tour of the CHP Academy	Ceremonies	
☐ Exclusive Invitations to 11-99 Events	☐ Diamond License Plate Frames (Black with Chrome "Diamond Level" Lettering)	☐ Premium Crystal Glassware
	Platinum Level	
☐ Personalized Platinum Award*	☐ Suede Jacket with 11-99 Logo**	☐ 11-99 Logo Cap ○Black ○Navy
☐ Platinum Level Watch ○Men's ○Women's	Primary Applicant Size	☐ (2) License Plate Frames/Applicant
☐ Recognition Foundation's Annual Report	Spouse/Partner Size	(Black with Platinum Lettering)
☐ Invitations to Exclusive Events	□ Duffel Bag	Leather Registration Holder
☐ Laptop Backpack	□ Dopp Kit (Toiletry Bag)	☐ Leather Wallet with Brass ID Card*
☐ Messenger Bag	☐ (2) Coffee Tumblers/Household (Black)	☐ Plastic ID Card*
	Gold Level	
☐ Crystal Star Award*	☐ Duffel Bag	☐ (2) License Plate Frames/Applicant
☐ Jacket with 11-99 Logo**	☐ Dopp Kit (Toiletry Bag)	(Chrome with Gold Lettering)
Primary Applicant Size	☐ (2) Coffee Tumblers/Household (Navy)	Leather Registration Holder
Spouse/Partner Size	□ 11-99 Logo Cap OBlack ONavy	☐ Leather Wallet with Brass ID Card*
☐ Laptop Backpack <u>or</u> ☐ Messenger Bag		☐ Plastic ID Card*
	Sitver Level	
☐ Crystal Star Award*	☐ Laptop Backpack, or ☐ Messenger Bag	☐ (2) License Plate Frames/Applicant
☐ Jacket with 11-99 Logo**	☐ Dopp Kit (Toiletry Bag)	(Chrome with Silver Lettering)
Primary Applicant Size	☐ (2) Ceramic Coffee Mugs/Household (Navy)	Leather Registration Holder
Spouse/Partner Size	□ 11-99 Logo Cap OBlack ONavy	☐ Leather Wallet with Brass ID Card*
· ·		☐ Plastic ID Card*
	Bronze Level	
	nse Plate Frames/ 🔲 Leather Registrat	
□ Laptop Backpack Lettering		th Brass ID Card*
	Classic Level	
☐ Personalized Glass Plaque* ☐ (1) Licer	nse Plate Frame/Applicant 🔲 Leather Wallet wit	th Brass ID Card* □ Plastic ID Card*
	th Navy & Silver Lettering)	J. 100 ID Guid
*For ID cards & personalized items, clearly pr i	int your preferred name for engraving below . By d	lefault, we will engrave First & Last name.
Primary Applicant Engrave Name Spouse/Partner Engrave Name (if applying)		
For recognition, please print your preferred	name(s) below, no middle initials (E.g. The Smith	Family Foundation, Karen & Tony Smith).
☐ Anonymous - tax acknowledgment only ☐ Same as	Above 🗆 Other	