

# CHP 11-99 Foundation Lifetime Membership Application

## Step 1: Lifetime Membership Level and Referral Information

**GOLD LEVEL**

\$25,000 (Spouse included)

**SILVER LEVEL**

\$10,000 (Spouse included)

**BRONZE LEVEL**

\$5,000 (Spouse, add \$1,500)

**CLASSIC LEVEL**

\$2,500 (Spouse, add \$1,000)

How did you hear about us? \_\_\_\_\_

*If a current Lifetime Member referred or encouraged you to apply, please clearly print their name(s) above so that we may thank them.*

## Step 2: Primary Applicant Information

Please check one:  Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(must be 25 or older)

Male  Female Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Last 4 of SS# \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Home  Business

Phone \_\_\_\_\_  Home  Cell  Business Email \_\_\_\_\_

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

## Step 3: Spouse Information - (if applying)

Please check one:  Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(must be 25 or older)

Male  Female Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Last 4 of SS# \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Home  Business

Phone \_\_\_\_\_  Home  Cell  Business Email \_\_\_\_\_

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

## 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

**YES**, I would like to provide ongoing support for the 11-99 Foundation's important mission by joining the \$11.99 Monthly Giving Program.

*The 11-99 Foundation will contact you to set up the monthly payments and confirm details. View more info or sign up online at [chp11-99.org/give-1199](http://chp11-99.org/give-1199).*

## Step 5: Shipping Information - UPS does not deliver to P.O. Boxes.

If you listed a P.O. Box above or want your package shipped to a different address, please provide here:

Ship to \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special Instructions for UPS: \_\_\_\_\_

## Step 6: Authorization, Terms and Conditions - Signature(s) Required Below

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. Once 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 in 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. I declare under penalty of perjury that I have no felony convictions.

Primary Applicant SIGNATURE \_\_\_\_\_ Spouse SIGNATURE (if applying) \_\_\_\_\_

For Office Use Only: Rec'd \_\_\_\_\_ Sponsor? Y / N \_\_\_\_\_ Event ID \_\_\_\_\_ Ref \_\_\_\_\_

# Membership Packages

You will receive the following items in your membership package upon completion of the application process.  
Please allow **6 to 8 weeks** for personalization and delivery of these beautiful gifts.

Your name(s) will be engraved on personalized items\* by default with **first name, middle initial, last name**, unless otherwise specified below:

Primary Applicant Name

Spouse Name *(if applying)*

*View photos of membership items at [chp11-99.org/membership](http://chp11-99.org/membership).*

## **CLASSIC LEVEL - \$2,500** (Add \$1,000 for Spouse)

- ★ Personalized Wall Plaque\*
- ★ License Plate Frame *(1 per Member)*
- ★ Leather Wallet with Personalized ID\*
- ★ Plastic ID Card\*

## **BRONZE LEVEL - \$5,000** (Add \$1,500 for Spouse)

- ★ Laser-Etched Crystal Star\* *(only for Primary member)*
- ★ License Plate Frame *(2 per Member)*
- ★ Leather Wallet with Personalized ID\*
- ★ Plastic ID Card\*
- ★ Leather Registration Holder
- ★ Leather Amenities Kit

## **SILVER LEVEL - \$10,000** (Includes Spouse)

- Silver Level includes all Awards of Bronze Level plus:*
- ★ Laser-Etched Crystal Star\* for Primary and Spouse
  - ★ Leather Weekend Bag
  - ★ Leather Jacket(s) with embroidered logo *(select size(s) below)*
  - ★ Set of 2 Mugs *(1 set per household)*
  - ★ Logo Embroidered Cap *(specify color below)*

## **GOLD LEVEL - \$25,000** (Includes Spouse)

- Gold Level includes all Awards of Silver Level plus:*
- ★ Leather Sport Duffel
  - ★ Set of 6 Mugs *(1 set per household)*

## **SILVER and GOLD LEVELS**

**Please circle choices below for caps and jackets:**

### **Primary Applicant**

Cap Color: Navy / Black *(please circle color)*  
Leather Jacket Size *(please circle below)*

### **Spouse** *(if applying)*

Cap Color: Navy / Black *(please circle color)*  
Leather Jacket Size *(please circle below)*

#### **Men's Jacket Sizes** (By Chest Size)

34"-35"      44"-46"  
36"-37"      48"-50"  
40"-41"      52"-54"  
42"-43"

#### **Women's Jacket Sizes** (By Dress Size)

4-5      12-13  
6-7      14-15  
8-9      16-18  
10-11

*If you would prefer not to receive any items, please check here:*  *I decline all merchandise.*

CHP 11-99 Foundation • 2244 N. State College Blvd • Fullerton CA 92831

**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)