



CHINO HILLS 55+ CLUB MEMBERSHIP RENEWAL FY 2024 – 2025

Member Since _____

Update Your Information *(only if necessary)*

First Name _____ Last Name _____

Address _____

Email: _____ Birthday: _____ Anniversary: _____

Phone #: Home _____ Cell _____

Emergency Contact _____ Relationship _____
Name

Phone # _____

Volunteer Interest(s): _____

In submitting this application and membership fee, I agree to adhere to the Club rules and regulations, thereby supporting the Mission and Goals of the Chino Hills Club.

Signature _____ Date: _____

RENEWAL ANNUAL MEMBERSHIP DUES

Fiscal Year: July 1 - June 30

Annual Membership July 1 – June 30 \$15.00 \$ _____

New/Replace Badge \$ 9.00 \$ _____
(required to be worn at all meetings)

TOTAL \$ _____

Make check payable to: Chino Hills 55+ Club

Mail to: P.O. Box 2364 – Chino Hills, CA 91709-0079

Amount Paid: \$ _____ Check #: _____ Cash: _____

Received By: _____ Date: _____