



Please Print Legibly

CHINO HILLS 55+ CLUB
A Seniors Citizen Club – Established 2013
ANNUAL MEMBERSHIP APPLICATION

First Name _____ **Last Name** _____ **Badge Name** _____
(if different from "First")

Address _____ **Gender:** **M** ___ **F** ___
Street Address City Zip

E-mail: _____ **Cell#:** _____ **Home #:** _____

Date of Birth: _____ **Anniversary:** _____ **U.S. Veteran?** _____ **Branch** _____

Former Occupation: _____

Emergency Contact _____ **Relationship:** _____
Name Phone#:

How did you hear about us? _____

SEE ATTACHMENT FOR VOLUNTEER OPPORTUNITIES

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:** _____

ANNUAL MEMBERSHIP DUES

Fiscal Year July 1 - June 30

Annual Membership July 1 – June 30	\$15.00	\$ _____
Name Badge <i>(required to be worn at all meetings)</i>	\$ 9.00	\$ _____
	TOTAL	\$ _____

Make check payable to: Chino Hills 55+ Club **Mail to:** P.O. Box 2364 – Chino Hills, CA 91709-0079

PAID

Amount Paid \$ _____ **By Check #** _____ **By Cash \$** _____

Received by (Name) _____ **Date:** _____