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	**$15.00**	**$_____**

(See separate form for badge replacement)

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:_____

Revised 4/2024 ***A 501.c(3)Non-Profit Organization.***