

Name:	Badge Name		
First	Last		(if different from "First")
Address:			Gender: M F
Address: Street Address	City	ZII	
Date of Birth:	Anniversary (if applicable):		
Email:			Cell#
Former Occupation:		_U.S. Veteran? _	Branch
Emergency Contact:			Relationship
	Name		Phone#
How did you hear about us?			
SEE ATTACHMENT FOR VO	LUNTEER OPI	PORTUNITIES	

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.

Date:

ANNUAL MEMBERSHIP DUES Fiscal Year July 1 - June 30					
Annual Membership July 1 – June 30 Name Badge (required to be worn at all meetings)	\$15.00 \$10.00 TOTAL	\$ \$ \$			
Make check payable to: Chino Hills 55+ Club Mail to: P.O. Box 2364 – Chino Hills, CA 91709-0079					
Amount Paid \$	PAID By Check #	By Cash \$			
Received by (Name)	Dat	e:			