



CHINO HILLS 55+ CLUB
BADGE REPLACEMENT REQUEST

First Name _____ Last Name _____
(As it should appear on badge)

Signature _____ Date: _____

New/Replace Badge \$ 12.00 \$ _____
(required to be worn at all meetings)

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: _____

A 501(c)(3) Non-Profit Organization