

CHINO HILLS 55+ CLUB

BADGE REPLACEMENT REQUEST

First Name		_ast Name	
(As it should	d appear on badge)		
Signature		Date:	
/		.	
New/Replace Badge (required to be worn at all n	neetings)	\$ 12.00	\$
Make check payable to: Mail to: P.O. Box 2364 –			
Amount Paid: \$	Check #:	Cash:	Zelle:
Received By:	D	ate:	

Revised 03/2025

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