



**Board of Governors
City of Hope**

Prospective Member Biographical Information

(Please attach a photo with your spouse/significant other together)

Date _____

Name: _____ Date of Birth _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Profession/Occupation: _____

Employer: _____ Title: _____

Phone: _____ Fax: _____

Business Address: _____

City: _____ State _____ Zip: _____

Education: _____

Spouse's Name: _____ Date of Birth _____

Occupation: _____

Children – Name(s) and Age(s) (Optional):

Mail Correspondence to: Home Address Work Address

Professional Associations and/or Memberships: _____

Fraternal and Charitable Organization Affiliations: _____

Political or Civic Offices Held: _____

Special Honors or Awards Received _____

Fields of Interest: Fund Raising Activities Social Events/Program

Membership Recruitment Speaker's Bureau

Hobbies/Interests: _____

Referred to *Board of Governors* by: _____

Please complete this form and return it to:

City of Hope

Roz Phillips, Associate Vice President of Development

1055 Wilshire Blvd., 11th Floor, Los Angeles CA 90017

Tel: 213-202-5735, Ext. 26573 Fax: 213-241-7191

For office use only:

Date Application Received:

Date Application Approved:
