

# BECOME A MEMBER

You are invited to join the Inner Circle and enjoy the access, information and community of one of City of Hope's most prominent and influential groups. Membership privileges include:

- *Personal Medical Access Assistance* • *Inner Circle Online Newsletter*
- *Inner Circle Membership Pin* • *Annual Holiday Celebration*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address City Zip

( ) ( )  
Phone Home Business

\_\_\_\_\_  
Name of Firm Title

\_\_\_\_\_  
Address City Zip

\_\_\_\_\_  
E-mail

Preferred Mailing Address  Firm  Home

\_\_\_\_\_  
I was recommended by Spouse's Name

I am interested in:  Single Membership (\$2,500)  Couple Membership (\$3,000)

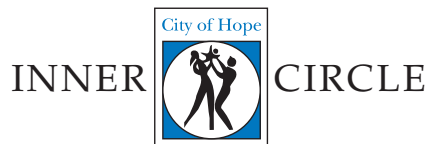
Enclosed is my check in the amount of \$ \_\_\_\_\_

Charge my  MasterCard  Visa  Amex  Discover in the amount of \$ \_\_\_\_\_

\_\_\_\_\_  
Card number Exp. Date

\_\_\_\_\_  
Name as it appears on card Signature

I cannot join at this time, but please accept my contribution of \$ \_\_\_\_\_



Please mail application to:  
City of Hope • 1055 Wilshire Blvd. • Los Angeles, CA 90017 • Attention: Inner Circle