



# CITY OF HOPE

## THE CHANCELLORS

The City of Hope is the premier cancer research, teaching and treatment hospital in the United States. City of Hope is also a leader in diabetes and HIV research and treatments.

As residents of Los Angeles County, are fortunate to have this great institution right here in the Los Angeles area! We need your help and leadership to move this magnificent work forward even more!

We have established an affinity support group that will focus on leaders of the legal community, including the judiciary, lawyers, executive law enforcement, and corporate counsel, as well as local business and financial leaders.

We will be honored if you would join in this most important endeavor as one of the select group who will be the founding members. Your membership dues support cutting edge basic science research at the City of Hope.

Annual membership dues are \$2,500.00 per couple, for those under age 35, the annual dues are \$1,500.00 per couple for five years or age 35 whichever comes first. Membership dues include 3-4 hosted social, networking and educational events such as dinners, and receptions.

The Chancellors is a "user friendly" group that is sensitive to the demands of our member's busy schedules, professions and family needs. We keep our meetings to a minimum, so we may maximize our social and networking events and support City of Hope research activities. Every member can be as involved as they choose and as their time permits. Please send your completed membership application to The Chancellors at [legacyandaffinity@coh.org](mailto:legacyandaffinity@coh.org) or call to **1-800-732-7121** for more information.

**WE'VE DEVELOPED  
POWERFUL CANCER  
TREATMENTS  
THAT SAVE LIVES.**



Left to right:  
Gagandeep Singh, M.D., F.A.C.S.,  
Rahul Jandial, M.D., Ph.D., Linda Malkas, Ph.D.,  
Behnam Badie, M.D., F.A.C.S.





**THE CHANCELLORS**  
MEMBERSHIP APPLICATION

Annual Dues: \$2,500.00 per couple /\$1,500.00 per couple under age 35  
(Half of the dues will be awarded to the researcher of the Chancellors Board's choosing)

**APPLICANT INFORMATION**

Name:		
Date of birth:	Phone:	Cell:
Current address:		
City:	State:	ZIP Code:
Email:	Fax:	

**EMPLOYMENT INFORMATION**

Current employer:		
Employer address:		
Phone:	Email:	Fax:
Position:		

**SPOUSE INFORMATION IF JOINT MEMBERSHIP**

Name:		
Date of birth:	Phone:	Cell:

**SPOUSE EMPLOYMENT INFORMATION**

Current employer:		
Employer address:		
Email:	Phone:	Fax:
Position:		

**CIVIL AND PROFESSIONAL ORGANIZATION MEMBERSHIPS**


**REFERENCES**

Name	Address	Phone

**SIGNATURES**

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership)</i> :	Date:

Please send your completed membership application to The Chancellors at [legacyandaffinity@coh.org](mailto:legacyandaffinity@coh.org) or call to 1-800-732-7121 for more information.