



**City of Hope's Board of Governors
Prospective Member Application
(\$2,500 – Annual Membership Dues)**

Date _____

Applicant:

Spouse or Partner/Significant Other:

 Date of Birth: _____
 Home Address: _____
 City: _____ ST: _____ Zip: _____
 Phone: _____ Cell: _____
 Fax: _____ Email: _____
 Profession/Occupation: _____
 Employer: _____
 Job Title: _____
 Phone: _____ Fax: _____
 Business Address: _____
 City: _____ ST: _____ Zip: _____
 Education: _____

 Date of Birth: _____
 Home Address: _____
 City: _____ ST: _____ Zip: _____
 Phone: _____ Cell: _____
 Fax: _____ Email: _____
 Profession/Occupation: _____
 Employer: _____
 Job Title: _____
 Phone: _____ Fax: _____
 Business Address: _____
 City: _____ ST: _____ Zip: _____
 Education: _____

Personal References:

- 1. Name: _____ Phone: _____ Email: _____
- 2. Name: _____ Phone: _____ Email: _____

Mail Correspondence to: Home Address Business Address

Professional Associations and/or Memberships: _____

Fraternal and Charitable Organization Affiliations: _____

Political or Civic Offices Held: _____

Special Honors or Awards Received: _____

Primary Reason for Joining: _____

Referred to Board of Governors by: _____

<p>Please complete this form, attach photo and return to: City of Hope 1500 E. Duarte Road Duarte, CA 91010 Attn: Carl Woody</p>	<p>Digital Submissions: Subject: Board of Governors cwoody@coh.org Fax: 626-222-7409</p>
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