

# Board of Governors

## Prospective Member Application

(\$3,000 — Annual Membership Dues)

**Applicant:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Profession/Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Spouse or Partner/**

**Significant Other:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Profession/Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### 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: \_\_\_\_\_

**Please complete this form, attach photo and return to:**

**City of Hope®**

Philanthropy — BOG

1500 E. Duarte Road, Duarte, CA 91010

**Digital Submissions:**

Subject: Board of Governors

mguirao@coh.org