

CHP 11-99 FOUNDATION

Membership Background Check Authorization Form

Thank you for submitting your online application for Lifetime Membership. To complete your application, please fill out the information below and fax to **714-529-1191**. All information you provide will be kept strictly confidential. Once we receive your authorization on this form, we will commence the Background Check and begin processing your application.

Primary Applicant Information (Please print clearly)

Full Legal Name (as listed on Driver's License) _____

Driver's License # _____ State _____ Social Security # _____

Date of Birth _____ (must be at least 25 years old) Gender Male Female

Spouse Applicant Information (If applicable)

Full Legal Name (as listed on Driver's License) _____

Driver's License # _____ State _____ Social Security # _____

Date of Birth _____ (must be at least 25 years old) Gender Male Female

Terms, Conditions and Authorizations

I hereby authorize you to conduct a complete background investigation prior to or during my association with the CHP 11-99 Foundation, which will include, but not be limited to, driver's license status, criminal history and public records. I waive any right I may have to request or receive a copy of the results of such investigation. Once I am accepted, I understand that (a) the identification materials issued shall remain the sole property of the CHP 11-99 Foundation, (b) association does not authorize me to exercise any (i) peace officer powers or privileges, or (ii) leniency or preferential treatment in any contact involving a law enforcement agency, (c) any abuse of association privileges or property shall result in my immediate termination, and (d) my association may be revoked at any time without cause and in the sole discretion of the CHP 11-99 Foundation. I agree to surrender, for any reason, any and all donor benefits and identification materials, including license plate frames, upon request by the members of the CHP 11-99 Foundation's Board of Directors or their agent. I declare under penalty of perjury that I have no felony convictions.

Signature of Primary Applicant

Date

Signature of Spouse (If applicable)

Date

Phone/email to reach you if we have a question regarding your application: _____

Questions? Please call us at 714-529-1199 or email info@chp11-99.org