



**Las  
Damas  
de la Plaza**

**Las Damas de la Plaza  
Membership Application**

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

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

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Birthdate (Month & Day): \_\_\_\_\_

**Select membership level:**

- ACTIVE MEMBER                      \$50.00 annually (\$25 after July 1)
- SUSTAINING MEMBER                \$100.00 annually
- LIFE MEMBER                            \$500.00 one time

Enclosed Check # \_\_\_\_\_

Participation and Positions held in Community Activities and Organizations  
(past and present): \_\_\_\_\_  
\_\_\_\_\_

Hobbies: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Referred by: \_\_\_\_\_

Please make check payable to **LAS DAMAS DE LA PLAZA** and mail to:  
CHLB Foundation, 1760 Termino Ave. #105, Long Beach, California 90804

For membership questions, please call Nancy Eilers, membership chair, at  
562-493-1491.

revised  
2/11/20

**A support group of Community Hospital Long Beach Foundation**  
1760 Termino Avenue Suite 105, Long Beach, CA 90804  
Phone 562.933.5970 – Fax 562.933.5975  
Tax ID #95-2785554