



California Chapter Donation/Membership Form

Today's Date The Defender
newsletter -
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First Name Last Name

Email Address Donation Amount

Would you like to become a member? Requires minimum \$10 donation.
Respond with: Yes, No, or Already a Member

Street Address

City State or Province Zip/Postal Code

Country Phone *I agree to receive text messages from CHD. Msg/data rates may apply. Opt out at any time.*

• Optional: Demographic Information •

*To determine how you may be able to help in our legal efforts and initiatives,
we are requesting demographic information about you and your family.*

Your Age: 18-25 years, 26-45 years, 46-65 years or 66+ years

Ages of children, if any

Occupation: Other, Attorney, Medical Professional, Dental Professional, Journalist, Marketing

Would you like to be a CHD volunteer?

Please tell us about any special talents that you could provide as a volunteer?