

## LA Chinatown Community Land Trust (LACCLT) Membership Form

**Please fill out this Membership Form and 1) return it to Karen Law (LACCLT's Secretary) or email it to [lachinatownclt@gmail.com](mailto:lachinatownclt@gmail.com).**

If you have any questions, please email [lachinatownclt@gmail.com](mailto:lachinatownclt@gmail.com)

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

Address (Street Address/Apt): \_\_\_\_\_

Address (City): \_\_\_\_\_ Address (Zipcode): \_\_\_\_\_

Phone number: \_\_\_\_\_

Preferred Language: \_\_\_\_\_

Preferred Contact Method:

Phone Call

Text Message

Email

Membership Type:

I am applying to be a:

- Community Member
  - I am over 18 years old and am interested in actively furthering LACCLT's mission.
  - I live within [community boundaries](#) (see map on next page)
  - My income does not exceed the following income limits.

# of People in Household	1	2	3	4	5	6	7	8
Income	\$66,750	\$76,250	\$85,800	\$95,300	\$102,950	\$110,550	\$118,200	\$125,800

- Lessee Member
  - I rent or lease land or housing that is owned by or on land owned by LACCLT
- General Member
  - I am over 18 years old and am interested in actively furthering LACCLT's mission

As a community organization, LACCLT has basic costs related to our work. To support all of this, members are asked to contribute annual dues of \$25 or 12 hours of volunteer work a year.

Select **one**.

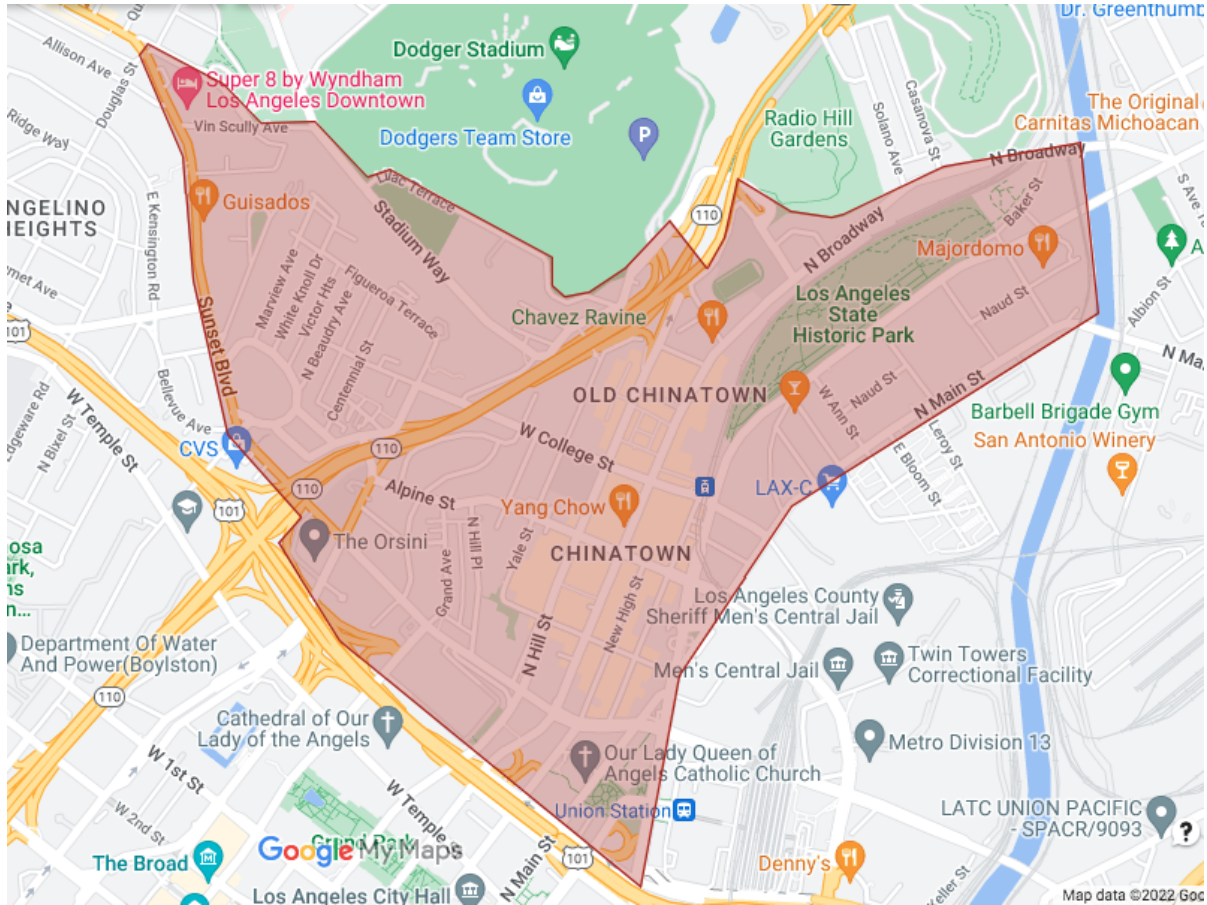
- My annual dues of \$25 are included (check, cash, Paypal accepted). Please write checks to "LA Chinatown Community Land Trust".
- I will fulfill my annual dues with 12 hours of service to LACCLT
- I would like to talk to the Board about alternate arrangements

**FLIP OVER FOR  
NEXT PAGE**



If you need to mail your membership form and dues, please mail to:  
Karen Law, 165 N. Michigan Ave. #114, Pasadena, CA 91106.

Community Boundaries



I agree that LACCLT can contact me at the phone number and/or email address listed above, including when LACCLT is required to give me “written notice” according to the bylaws or under law. I can revoke this written consent at any time by notifying LACCLT’s Secretary.

Date: \_\_\_\_\_  
Signature \_\_\_\_\_