



LA JOLLA COMMUNITY PLANNING ASSOCIATION

P.O. Box 889 La Jolla CA 92038 | 858.456.7900 | www.LaJollaCPA.org | info@LaJollaCPA.org

MEMBERSHIP APPLICATION

I, _____ (please print legibly), certify that I am an individual at least 18 years of age and affiliated with the community either as a:

- (1) Property owner, who is an individual identified as the sole or partial owner of record, or a designee, of real property (either developed or undeveloped), within the La Jolla Community Plan boundaries, or
- (2) Resident, who is an individual whose primary address of residence is an address within the La Jolla Community Plan boundaries, or
- (3) Local businessperson, who is a local business owner, or a single designee of that owner, at a non-residential real property address within the La Jolla Community Plan boundaries.

Furthermore, I certify that I have attend at least one (1) LJCPA monthly or special meeting as identified below (attending a subcommittee meeting does not meet the requirement) and have verified my attendance by either signing the “Public Sign-in Sheet” or provided a separate written notice to the LJCPA Secretary.

The meeting I attended: _____, 20____ (must be since the previous annual March election)

I understand that I do not become a Member until 28 days after submitting this application to the LJCPA Secretary. Therefore this application must be turned in no later than the LJCPA’s February meeting if I want to vote in the annual election at the March meeting. And at least 28 days before a Special Election. Furthermore, I understand that I must renew my membership each year by remaining affiliated with the community and by attending at least one (1) meeting of the LJCPA.

Submit form to the Secretary at a LJCPA meeting,
or mail to: LJCPA, ATTN: Secretary, P.O. Box 889, La Jolla CA 92038

MAILING ADDRESS: _____
 Street Address or P.O. Box City State Zip Code

E-MAIL ADDRESS: _____ (automatically added to LJCPA opt-out email list)

OPTIONAL: HOME/WORK PHONE: _____ CELL PHONE: _____

CHECK EACH CATEGORY OF MEMBERSHIP THAT APPLIES:

RESIDENT HOMEOWNER, ADDRESS OF RESIDENCE: _____

RESIDENT RENTER, ADDRESS OF RENTED PRIMARY RESIDENCE: _____

NON-RESIDENT, ADDRESS OF PROPERTY OWNED: _____

LOCAL BUSINESS OWNER, OPERATOR, OR SINGLE DESIGNEE OF OWNER

BUSINESS: _____

REAL PROPERTY ADDRESS: _____

BUSINESS OWNER’S SIGNATURE IF DESIGNEE _____

SIGNATURE: _____ DATE: _____

For Planning Group Use		
Reviewed by: _____	Date: _____	Meets Eligibility Criteria: YES <input type="checkbox"/> NO <input type="checkbox"/>

Sources: City of San Diego Council Policy 600-24, City’s Administrative Guidelines, and the LJCPA By-Laws.