

**Hammond Landowners Association, Inc.**

**A non-profit Mutual Benefit Corporation P.O. Box 795**

**Mount Shasta, CA 96067**

**2021 Membership/Renewal Application**

for the period January 1 through December 31, 2021

**Please complete and return with dues of $55.00 for the year.**

(Check one option below)

\_\_\_\_ I hereby appoint the current HLA Board of Directors my lawful proxy holder, to vote and act for me and in my name at the annual members’ meeting in November 2021, including but not limited to the election of Directors, as fully as I could do if personally present. Said proxy holder shall vote at its discretion on all matters which may come before said meeting. All previous proxies are hereby revoked. This proxy, unless revoked, shall remain in force for one year beginning January 1, 2021.

\_\_\_\_ Since I will be present at the annual members’ meeting in November 2021, I will not appoint a proxy holder.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Print name)

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(Print your address)

Check if you would like to receive the HLA newsletters and other correspondence electronically and haven’t already signed up.

(Note: Email addresses will remain confidential by blind copying recipients.)

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(Email address)

Check if you would like to be included in the Emergency Alert System. (Membership not required.)

If so, please check if you are willing to contact neighbors in an emergency.