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**Membership Application and Agreement**

I am applying for membership with California Liberty Alliance, and declare that the information I provide on this application is true and accurate, under penalty of perjury according to the laws of the State of California. Furthermore, in signing this agreement, I accept the following terms and conditions for membership with California Liberty Alliance.

- The name of the Local Chapter of California Liberty Alliance that I am affiliating with is:

North River Chapter.

- I agree to inform my Local Chapter, and the State Chapter of California Liberty Alliance, of any change in my legal residence that would require me to affiliate with another Local Chapter, in accordance with the territories established by C.L.A. Chapter Agreements.

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Preferred Phone #(s): \_\_\_\_\_ / \_\_\_\_\_

Preferred E-mail: \_\_\_\_\_

Preferred Social Media Accounts: \_\_\_\_\_

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- I have provided a copy of the following legal form(s) of identification, showing my California residency.

California Driver's License or Identification Card #: \_\_\_\_\_

U.S. Passport #: \_\_\_\_\_ / U.S. Military ID #: \_\_\_\_\_

- I am applying for Class-I Membership with California Liberty Alliance, under the following category(s) (choose at least one), and I agree to maintain timely payment of dues to the Local

Chapter for every Category I apply for, in order to maintain good standing and access to the privileges of membership.

- Category 1 (Lawful Consumers): (\$100 per year\_\_\_\_\_ or \$10 per month\_\_\_\_\_)
- Category 2 (Lawful Producers): (\$1000 per year\_\_\_\_\_ or \$100 per month\_\_\_\_\_)
- Category 3 (Lawful Providers): (\$2000 per year\_\_\_\_\_ or \$200 per month\_\_\_\_\_)
- Category 4 (Lawful Handlers): (\$500 per year\_\_\_\_\_ or \$50 per month\_\_\_\_\_)
- Category 5 (Lawful Use Facilities): (\$500 per year\_\_\_\_\_ or \$50 per month\_\_\_\_\_)
- Category 6 (Product Suppliers): (\$1000 per year\_\_\_\_\_ or \$100 per month\_\_\_\_\_)
- Category 7 (Service Providers): (\$1000 per year\_\_\_\_\_ or \$100 per month\_\_\_\_\_)

- If my membership is within any of the categories requiring qualified status under California laws, I agree to maintain my qualified status and to provide a copy of my current qualifying documents to the Local Chapter, so long as I am a member of California Liberty Alliance.
- I agree to abide by all policies and procedures of California Liberty Alliance, as they are established and posted on the C.L.A. Website, at the Local Chapter headquarters, or provided to me in writing.
- I agree to abide by California Liberty Alliance’s Non-Discrimination Policy, and to comport myself in a respectful manner at all times while engaged in activities associated with California Liberty Alliance, or while on the premises’ of any C.L.A. Chapters.
- I agree to comply with the laws of the State of California at all times while engaged in activities associated with California Liberty Alliance, or while on the premises’ of any C.L.A. Chapters.
- I acknowledge that the Board of Officers of California Liberty Alliance reserves the right to suspend or revoke my membership status, for cause (see Bylaws for more information).
- I understand that all dues paid to California Liberty Alliance are non-refundable.

\_\_\_\_\_

Print Applicant’s Name and Signature

\_\_\_\_\_

Date

**(For referrals only)** This application was processed by \_\_\_\_\_

\_\_\_\_\_

Approved for Membership by (print name of Local Chapter Officer)

\_\_\_\_\_

Date