



# DELRAY BEACH COMMUNITY LAND TRUST

## MEMBERSHIP and/or CHARITABLE DONATION FORM

Become a member of the Delray Beach Community Land Trust (DBCLT) with the right to participate at all meetings held, cast one vote on matters put before the membership, participate in the election of the Board of Directors, and serve as a Director or on a committee.

### DBCLT MISSION AND GOALS

#### MISSION:

- To foster healthy communities through the creation, stabilization, and preservation of quality affordable housing

#### CORE VALUES AND GOALS:

- TO PROVIDE

Housing opportunities for low and moderate income individuals to secure housing that is decent, affordably priced and controlled by the residents on a long-term basis

- TO PRESERVE

The quality and affordability of housing for future generations

- TO COMBAT

Community deterioration in economically disadvantaged neighborhoods by promoting the development, rehabilitation, and maintenance of decent housing in these neighborhoods; by promoting economic opportunities for low-income residents of these neighborhoods including opportunity to build wealth through asset ownership; by making land available for projects and activities that improve the quality of life in these neighborhoods; and by assisting residents of these neighborhoods in improving the safety and well-being of their community.

- TO PROTECT

The natural environment and to promote the ecologically sound use of land and natural resources and the long-term health and safety of the community.

#### MEMBERSHIP:

- \$1 One Year       \$5 Five Years       \$100 Lifetime

#### CHARITABLE DONATIONS:

- \$25     \$50     \$100     \$250     Other, please specify amount

#### VOLUNTEER:

- I am interested in volunteering my time

**A copy of the official registration and financial information may be obtained from The Division of Consumer Services by calling 1-800-HELP-FLA (435-7352) toll-free within the state. Registration does not imply endorsement, approval, or recommendation by the State.**

**Please provide the following information and return with membership fee and/or donation:**

Name: \_\_\_\_\_ Organization/Company \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of

Contact (indicate by check mark):  Standard Mail     Email

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