Los Cerritos Area Homeowners Association

Officer Agreement

By signing below, I have read the LCAHA documents, will work to uphold the LCAHA documents and policies to the best of my ability, and will faithfully discharge my duties to the association.

| Name: | | | |
|------------|--|--|--|
| | | | |
| | | | |
| Signature: | | | |
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| | | | |
| Date: | | | |