

**Appendix N**

**CITY OF SAN ANTONIO**

**Planning & Development Services Department**

**Neighborhood Planning & Urban Design**

**PO Box 839966, San Antonio, TX 78283-3966**

**Phone: 207-7873 Fax Number: 207-7897**

***COMMUNITY ORGANIZATION REGISTRATION APPLICATION FORM***

*Please submit the following with the application:*

- A written description of your organization’s service area.
- A list of your officers, their addresses and telephone numbers. (Email addresses are optional, but appreciated.)
- A SIGNED copy of the adopted by-laws
- A statement regarding your community organization’s area of interest
- A list of your community organization’s goals (*Tell us what you hope to accomplish*)
- A list of all annual community events or fun activities
- If your organization is a coalition group, provide a list of your member associations

*If any bold items are missing, your application will be incomplete.*

**PART A: COMMUNITY ORGANIZATION INFORMATION**

Name of Community

Organization: \_\_\_\_\_

City Council District(s): \_\_\_\_\_

Meeting Location:

\_\_\_\_\_

Meeting Date: \_\_\_\_\_ Meeting Time: \_\_\_\_\_

Election of Officers (Month): \_\_\_\_\_ Length of Term: \_\_\_\_\_

Date the Organization Was Founded: \_\_\_\_\_

**PART B: POINT OF CONTACT INFORMATION**

***Please print clearly. This information will be used for all correspondence and listed on the City of San Antonio Community Association listing website. Try to find a resident or business that will allow your organization to use their fax machine.***

Contact

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Community Organization Website: \_\_\_\_\_

**PART C: COMMUNITY OUTREACH**

Does your Community Organization publish a newsletter?      Yes      No

*If yes, please add the Planning & Development Services Department to your newsletter mailing list*

*I have reviewed the attached Registration Policy and agree to abide by this policy.*

**Signature** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

**PLEASE RETURN YOUR COMPLETED FORM AND ATTACHMENTS TO THE ABOVE ADDRESS**