



City of San Antonio

Community / Partnership Organization Registration



Please fill this form out online and submit it for processing.
Use the **Print Form** button to make a copy for your records.

***This submission is for:** A NEW REGISTRATION **or** A REGISTRATION UPDATE / RENEWAL

*Organization Name *(if applicable, as stated in bylaws)*: _____

*Mailing Address: _____ *City, State, Zip: _____

*Primary Point-of-Contact Name: _____ *Contact Phone: _____

*Email Address: _____ FAX Nr.: _____

Website URL: _____

Date Community / Partnership Organization established: _____ Council District(s): _____

Organization Newsletter? Yes No

*Please describe your area(s) of interest, goals, events, and if a coalition, a listing of your member associations.

Submit a map or provide written description of your boundaries (i.e. North, South, East, West) or service area.

Organization Officers

Name: _____	Position: _____
Address: _____	Email: _____
City, State, Zip: _____	Phone Number: _____
Name: _____	Position: _____
Address: _____	Email Address: _____
City, State, Zip: _____	Phone Number: _____

Organization Meeting Information

Meeting Location: _____

Regular Meeting Date: _____ Time: _____ Number of Members: _____

Month Officers Elected: _____ Frequency of Elections: _____

Please submit a copy of the **SIGNED, ADOPTED Bylaws or amendments** since your last update or registration.

I have read, and agree to abide by the existing Registration Policy. (This submission must be signed and dated to be complete.)

Typing your name in the Signature area below certifies that you are signing this form:

Date: _____

Title: _____