City of San Antonio
Neighborhood Association Registration

CITY OF SAN ANTONIO
NEIGHBORHOOD & HOUSING SERVICES DEPARTMENT

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

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

Mailing Address: _____ City, State, Zip: _____

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

Neighborhood Association Email Address: _____ FAX Nr.: _____

Neighborhood Association Website URL: _____

Date Neighborhood Association established: _____ Membership: ◉ Voluntary ○ Mandatory (HOA)

Neighborhood Characteristics: Nr. of Housing Units: _____ Est. Population: _____ Council District(s): _____

Organization Newsletter? ○ Yes ◉ No

Is your neighborhood in a Historic District? ○ Yes ◉ No

Is your neighborhood in a Neighborhood Plan? ◉ Yes ○ No

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

Management Company *(if applicable)*

Company Name: _____ Attn: _____

Address: _____ Email Address: _____

City, State, Zip: _____ Phone Number: _____

Association Officers

Name: _____ Position: Email _____

Address: _____ Address: _____

City, State, Zip: _____ Phone Number: _____

Name: _____ Position: _____

Address: _____ Email Address: _____

City, State, Zip: _____ Phone Number: _____

Association 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: _____

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