Submit by Email

Is this a ☐ NEW REGISTRATION or an ☐ UPDATE?

Date Community or Partnership Organization established _____ Council District (s) _____

Name of Organization *(If applicable, as stated in bylaws)*

Mailing Address

City/State/Zip

Phone Number

Website

Email Address

OFFICERS

Name

Position

Address

City/State/Zip

Email

Phone

Name

Position

Address

City/State/Zip

Email

Phone

MEETING INFORMATION

Meeting Location

Regular Meeting Date

No. of Members

Time

Month Officers Elected

Frequency of Election

Who will be the Organizations's main point of contact?

Does your Organization provide a Newsletter? ☐ yes

If so, Please add the Department of Planning & Community Development to your mailing list.

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

Submit a map or provide written description of your boundaries or service area.

North

East

South

West

SUBMIT a copy of SIGNED adopted bylaws or amendments since last update or registration. ☐ Copy submitted

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I have read the Registration Policy and agree to abide by this policy. (Must be signed and dated to be complete.)

Typing your name below certifies that you are signing this form:

Title

Date