Neighborhood Association Registration Form
(Please print clearly, enclose requested information, and return to the above address)

1. Name of Neighborhood Association: ____________________________________________

2. Contact Person: (This information will be used for all correspondence, including notification of zoning cases for registered neighborhood associations that could potentially be affected by the case.)
   Name: ___________________________   Address: ___________________________
   Telephone: ________________________   FAX: ____________________________
   Email: ____________________________

3. Please submit the following:
   - A map or written description of your association boundaries
   - A list of your officers, their addresses and telephone numbers
   - A signed copy of the adopted by-laws
   - A list of your neighborhood goals
   - A list of your association’s annual community events or activities

4. Regular Meeting Location: _________________________________________________

5. Regular Meeting Date: _________________ Time: ___________________________

6. Election of Officers (Month): ____________ Frequency: _______________________

7. Date the Association was Founded: __________________________________________

8. Membership: (please circle one) Voluntary Mandatory

9. Number of Assoc. Members: ____________ Number of Housing Units: ___________

Please circle your response:

10. Are any properties in your neighborhood historic? (over 50 years old)   YES   NO
    (If you are not sure call the Historic Preservation Officer at 676-6230)

11. Would you like information on Historic Overlay Zoning, Historic Districts or Neighborhood Conservation Districts?   YES   NO

12. Does your neighborhood association publish a newsletter?   YES   NO

13. Does your neighborhood association have a website?   YES   NO
    If so, please list address: ______________________________