



# **CIVIC ASSOCIATION REGISTRATION**

## **PLEASE RETURN FORM TO:**

### **NEIGHBORHOOD SERVICES**

*City of El Paso, Department of Community + Human Development*

City 3 – 801 Texas Ave., 3<sup>rd</sup> floor

El Paso, Texas 79901

**Phone:** (915) 212-1681

**Email:** [NeighborhoodServices@elpasotexas.gov](mailto:NeighborhoodServices@elpasotexas.gov)

## **CHECK LIST:** Include the following materials with Registration Form

- Copy of signed by-laws (*bylaws must contain provisions as stated in the City's Neighborhood Association Recognition Ordinance No. 017744*)
- Copy of membership list of 100 or more individuals (*names and addresses*)
- Copy of signed E-mail Release Consent form (*Optional*)

**DATE:** \_\_\_\_\_

### **1. Name of the Civic Association:**

\_\_\_\_\_

### **2. City Planning Area the Civic Association is requesting City Notices for:**

Central       Eastside       Mission Valley       Northeast       Northwest

### **3. City Representative Districts the Civic Association covers:**

Districts: \_\_\_\_\_

### **4. Civic Association Contacts to Receive City Notices:**

*(Email provided is solely for the purpose of communicating with the City of El Paso electronically. It is confidential under State Law unless you affirmatively give consent in writing for public release. You may provide affirmative consent at the end of this document under "Email Release Consent".)*

#### **First Person Point-of-Contact**

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

Position (Officer or General Member): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

#### **Second Person Point-of-Contact**

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

Position (Officer or General Member): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**5. Elected Officers/Board Members of your Civic Association:** *(Include titles and attach additional page, if needed)*

Name:

President     Coordinator     Captain     Director     Other \_\_\_\_\_

Name:

Vice-President     Co-Coordinator     Co-Captain     N/A

Name:

Secretary     N/A

Name:

Treasurer     N/A

Name:

Other \_\_\_\_\_

**6. How long has the Civic Association been in existence?** *(Date of first meeting)*

**7. Where and when does the Civic Association usually meet?**

Monthly     Quarterly     Annual     Other: \_\_\_\_\_

Location:

Day of calendar month: (ex: 1<sup>st</sup> Mondays of the month)

**8. If the Civic Association has a web site, please list it below:**

\_\_\_\_\_

**9. Statement of Purpose for the Civic Association:**

\_\_\_\_\_

**10. If the Civic Association has neighborhood/community priorities on which to concentrate, please list these objectives:** *(Attach additional page, if needed)*

\_\_\_\_\_

# Email Release Consent

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I, \_\_\_\_\_, (*Printed Name of 1<sup>st</sup> Contact of Neighborhood/Civic Association*) affirmatively consent to the release of my email address, which is listed below, by the City of El Paso, Texas, until such time as further written notice is provided to the Neighborhood Services Division.

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Email Address

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Signed Signature

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Date

**Alternatively, by electronic consent:**

By checking this box, I affirmatively consent to the release of my email address.

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I, \_\_\_\_\_, (*Printed Name of 2<sup>nd</sup> Contact of Neighborhood/Civic Association*) affirmatively consent to the release of my email address, which is listed below, by the City of El Paso, Texas, until such time as further written notice is provided to the Neighborhood Services Division.

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Email Address

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Signed Signature

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Date

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