

NEIGHBORHOOD ASSOCIATION REGISTRATION



PLEASE RETURN FORM TO:

NEIGHBORHOOD SERVICES DIVISION
City of El Paso, Community and Human Development Department
801 Texas Ave., 3rd flr
El Paso, Texas 79901
Ph: 915-212-1681 or Email: neighborhoodservices@elpasotexas.gov

CHECK LIST: (Include the following materials with this Registration form)

- Copy of signed by-laws (statement of purpose, method for election of officers and term, duties and responsibilities of officers)
- Copy of membership list of 15 or more individuals (15 separate households including names and addresses)
- Copy of map of geographic boundaries (Neighborhood Services can assist in making the map)
- Copy of signed E-mail Release Consent form (submitting this form is optional)

DATE: _____

1. Name of the Neighborhood Association:

2. City Representative District the Neighborhood Association is located in:

District: _____

3. General Location of the Neighborhood Association:

(Indicate boundaries of the neighborhood – street names or physical landmarks)

North: _____

East: _____

South: _____

West: _____

4. Neighborhood 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 Point-of-Contact

Name: _____

Position (Officer or General Member): _____

Mailing Address: _____

Zip Code: _____

Phone Number(s): _____

E-Mail Address: _____

Second 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 the Neighborhood 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 Neighborhood Association been in existence?

(Date of first meeting)

7. Where and when does the Neighborhood Association usually meet?

Monthly Quarterly Annual Other:

Location: _____

Day of calendar month: (ex: 1st Mondays of the month) _____

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

9. Statement of Purpose for the Neighborhood Association:

10. If the Neighborhood Association has neighborhood/community priorities on which to concentrate, please list those priorities:

(Attach additional page, if needed)

I affirm that the association for which this application is being submitted meets the criteria for recognition status identified in Section 2.102.030(A) of the City of El Paso Municipal Code.

Signature of association president/chairperson

Date

Alternatively, by electronic consent: By checking this box, I affirmatively consent to the above statement.

Email Release Consent

I, _____, (*Printed Name of 1st Contact of Neighborhood/Civic Association*) affirmatively consent to the release of my email address, which is listed below, by the City of El Paso,

Email Address

Signed Signature

Date

Alternatively, by electronic consent:

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

I, _____, (*Printed Name of 2nd 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.

Email Address

Signed Signature

Date

Alternatively, by electronic consent:

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