

**CITY OF EVANSVILLE
NEIGHBORHOOD ASSOCIATION
REGISTRATION FORM
2017**

Date: _____

Neighborhood Name: _____

1. ***You must attach a neighborhood boundary map.***
2. ***You must attach a copy of your by-laws.***
3. ***Please fill in your e-mail address. (to save postage)***

(If your association does not use the titles given below for its officers, please write in the titles you do use.)

President's Name:		
Address:		Zip
Term Expires:	e-mail:	Telephone:

Vice-President's Name:		
Address:		Zip
Term Expires:	e-mail:	Telephone:

Secretary's Name:		
Address:		Zip
Term Expires:	e-mail:	Telephone:

Treasurer's Name:		
Address:		Zip
Term Expires:	e-mail:	Telephone:

President's Signature: _____

For DMD Use Only:
