

2020 Neighborhood Application

CHECK ALL THAT APPLY: We are applying for

☐ UNOE Membership ☐ City Registration ☐ County Registration



Submit all completed & **SIGNED** forms to
United Neighborhoods of Evansville (UNOE)
320 SE ML King Jr Blvd, Ste. B, Evansville, IN 47713

Please complete the following information to ensure that UNOE, the City & County have the best information to convey when someone asks about your meetings/public contact information, to show on the UNOE website & others and the like.

Neighborhood Association Name _____

Association Meets: *Date/Day of Month:* _____ *Time:* _____

Meeting Location/Address: _____

(If applicable) Website _____ **Facebook Page** _____

Official Neighborhood Mailing Address: _____ **Zip** _____

Primary Contact Name _____ **Secondary Contact Name** _____

Primary Contact Phone # _____ **Secondary Phone #** _____

Primary Email Address _____ **Secondary Email Address** _____

Media/Public Contact Info: (Please mark one selection below.)

Do you want your primary phone# ☐ or e-mail ☐ or both ☐ listed on the UNOE website on your Neighborhood Association's page?

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

PRESIDENT

Signature of President _____

Name _____ **Phone** _____ **Term Expires** _____

Address _____ **Zip** _____

Email _____ **Email UNOE newsletter?** Yes ☐ No ☐

VICE PRESIDENT

Name _____ **Phone** _____ **Term Expires** _____

Address _____ **Zip** _____

Email _____ **Email UNOE newsletter?** Yes ☐ No ☐

SECRETARY

Name _____ **Phone** _____ **Term Expires** _____

Address _____ **Zip** _____

Email _____ **Email UNOE newsletter?** Yes ☐ No ☐

TREASURER

Name _____ **Phone** _____ **Term Expires** _____

Address _____ **Zip** _____

Email _____ **Email UNOE newsletter?** Yes ☐ No ☐

UNOE REPRESENTATIVES To ensure that each Neighborhood Association receives equal representation, UNOE asks for **two** representatives from each neighborhood. The representatives you list receive voting rights at the UNOE General Meetings.

If names below are the same as any position above, just write in the name & note "see above" for the rest.

REPRESENTATIVE #1

Name _____ **Phone** _____ **Term Expires** _____

Address _____ **Zip** _____

Email _____ **Email UNOE newsletter?** Yes ☐ No ☐

REPRESENTATIVE #2

Name _____ **Phone** _____ **Term Expires** _____

Address _____ **Zip** _____

Email _____ **Email UNOE newsletter?** Yes ☐ No ☐

PLEASE SUBMIT THE FOLLOWING WITH APPLICATION:

- 1) **Neighborhood Boundary Map** *Select One:* Included ☐ Map on file is current ☐
2) **Copy of current By-Laws** *Select One:* Included ☐ Bylaws on file are current ☐
3) **Annual Dues** \$25.00 paid to "UNOE" (due with application)
Mark payment mode: Cash ☐ Check# _____ Attended 2019 Sparkplug Banquet ☐

OFFICE USE ONLY