

# 2024 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 and to show on the UNOE website & others.

**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 give 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**  Included  Map on file is current
- 2) **Copy of current By-Laws**  Included  Bylaws on file are current
- 3) **Annual Dues** \$25.00 paid to "UNOE" (due with application)

Mark payment mode: Cash  Check# \_\_\_\_\_

**OFFICE USE ONLY**

United Neighborhoods of Evansville, Inc.  
2024 **Additional Newsletter Recipients**



UNOE newsletters will be sent to the Officers and Representatives of each Neighborhood noted on the application. If there are **other members or businesses** who would like to receive the UNOE newsletter, please print names and address or emails below. There is *no need to repeat anyone from the Application*.

**PLEASE PRINT CLEARLY**

Name:	
Address:	Zip
e-mail:	

Name:	
Address:	Zip
e-mail:	

Name:	
Address:	Zip
e-mail:	

Name:	
Address:	Zip
e-mail:	

Name:	
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Name:	
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e-mail:	

Name:	
Address:	Zip
e-mail:	

Name:	
Address:	Zip
e-mail:	

PLEASE RETURN THIS FORM WITH COMPLETED APPLICATION or scan & email to

[office@unoevansville.org](mailto:office@unoevansville.org)

**You may also use this form throughout the year to add others.**

## 2024 Committees/Planning Teams Interest/Involvement



UNOE's major work of supporting/serving Neighborhood Associations is done through the Committees/Teams and the General Membership Meetings.

**Please list the name(s) and phone#/e-mail information of those from your neighborhood who are interested in or already serving on one or more of these committees below, then return this form to the UNOE office.**

Committee/Team	Name	Phone	Email
<b>Disaster Preparedness/Safety/CERT</b> - Communicate EMA/CERT info and training opportunities as links with related agencies			
<b>Finance</b> - Attend bi-monthly meetings & guide the UNOE budget			
<b>Development</b> - Find, co-write and process grants; explore & coordinate fundraising opportunities			
<b>Parks, Trees &amp; Beautification</b> - Work cohesively with the city and other community organizations			
<b>Personnel</b> – Foster healthy and lawful employee relationships			
<b>Government/Zoning</b> – Support neighborhoods with zoning/appeals information & process			
<b>Marketing Team</b> - Promote the mission and work of UNOE throughout the community			
<b>Sparkplug Banquet</b> - Plan the annual banquet			
<b>Technology Team</b> – Coordinate/attend to IT/tech needs to support the office, general meetings and other UNOE activities			

**For more information, contact the UNOE office at 812-428-4243 or by e-mail at**

**[office@unoevansville.org](mailto:office@unoevansville.org)**

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