



Neighborhood Association Registration Form

Name of Group/Community/Association _____

Contact Name _____

- Address _____
- Phone Number _____
- Email _____

Association Boundaries _____

Ward _____

Location of Meeting _____

- Day of meeting _____
- Time of Meeting _____

Other information to be included (if any) _____

This form can be emailed to rcarney@eastpointcity.org or faxed to the above number.