



NEIGHBORHOOD ASSOCIATION PRESIDENTS' DIRECTORY TRACKING FORM

Association Name: _____

Boundaries: _____

(President will be listed in the Neighborhood Association Presidents' Directory.)

President's Name: _____

Address: _____ **ZIP:** _____

Phone: _____ **Email address:** _____

Vice President's Name: _____

Address: _____ **ZIP:** _____

Phone: _____ **E-mail Address:** _____

Secretary's Name: _____

Address: _____ **ZIP:** _____

Phone: _____ **E-mail Address:** _____

Treasurer's Name: _____

Address: _____ **ZIP:** _____

Phone: _____ **E-mail Address:** _____

Meeting date & time: _____

Meeting place: _____

Frequency of meetings: _____

Council district: (1st) (2nd) (3rd) (4th) (5th)

HOW DOES YOUR ASSOCIATION OPERATE?

PUBLIC ASSOCIATION

1. Meetings are open to all who reside within the boundary of the association
2. Meeting dates are publicized through at least **one** of the following means: U.S. Mail, door to door flyers, newsletters, public signs, email, etc.
3. Officers are elected by people who reside within the association boundary

PRIVATE ASSOCIATION

1. Meetings are open to dues paying members only
2. Meetings and events are publicized to members only

☐ **Public** (Public associations are eligible for grants and expense reimbursement for events such as for Night Out Against Crime.)

☐ **Private**

☐ **Remove our association from the directory**

Name of the person who submitted this document: (please print)

Signature: _____

Date: _____