Neighborhood and Community Services Department
Neighborhood Services Division

Neighborhood Membership and Renewal Registration Form

Mail or Fax this form to:
Neighborhood Services Division
414 E. 12th Street
City Hall, 4th Floor, West Side
Kansas City, MO 64106
Phone: (816) 513-3200
Fax: (816) 513-3201

Date:_____/_____/_____

Name of Organization:_____

Type of Organization: *(Please check one):*
Block Club_____ Neighborhood Association_____ Homes Association_____

Not for Profit 501-3(c)_____ Business_____ Other (specify):_____

Number of Residential Members:_____ **Number of Business Members**:_____

Council District: *(Please circle all that apply):* 1 2 3 4 5 6

Patrol Division: *(Please circle all that apply):* Shoal North Central Metro South East

How often are the meetings held? *(Please circle one):* Weekly Monthly Bi-monthly Quarterly Semi-annually Annually Other (specify):_____

Location of meeting:_____ Time:_____ A.M./P.M.

On what "day" are the meetings scheduled *(for example, 2nd Tuesday)*?_____

Are elections held? _____ **How are often**? _____ **List the election month**:_____

Please indicate your boundaries:

North:	**South:**
East:	**West:**

Please list all streets between boundaries, use additional sheet if necessary:

North:
South:
East:
West:

Please list officers for your organization:

Name:	Title:	
Address:		
Phone:	Fax:	Alternative Phone:
Email address:	Should this person be listed as a contact for this group?	

Name:	Title:
Address:	Phone:
Email address:	Should this person be listed as a contact for this group?

Name:	Title:
Address:	Phone:
Email address:	Should this person be listed as a contact for this group?

Name:	Title:
Address:	Phone:
Email address:	Should this person be listed as a contact for this group?

Is there a P.O. Box or office for this group?	If yes, please list the address:
List the group's Website:	
List the group's Email Address:	

If you have any questions, please contact us at (816) 513-3200. Thank you for your interest and participation.