



11. When are the elections of your officers (held) to be held? Example: *First Thursday in January*

\_\_\_\_\_

12. Is the membership to your organization open to anyone who lives or owns property in the neighborhood regardless of race, creed, color, sex, age, national origin or physical and mental disability?  Yes  No

13. Are you beginning a new neighborhood association?  Yes  No

14. If not, how many years have you been in existence? \_\_\_\_\_

15. Brief statement of objectives and goals reflecting the interest of your neighborhood:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. What are the major activities of your organization?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Do you have a block watch or community watch program in your neighborhood?  Yes  No

18. Is a copy of your Constitution/bylaws/principals of operation attached?  Yes  No

Completed by: \_\_\_\_\_  
(Please print)

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please return application to:**

Department of Human Services  
Division of Community Programs  
100 Outlaw Street  
Chesapeake, VA 23320

**Contacts:**

Telephone: (757) 382-2226  
Fax: (757) 382-2354

**NOTE:** As a public record, the information contained on this form is subject to the Public Records Law regarding access.