

Registration of Civic League

1. Name of Organization: 2. Date Formed: 3. Represents (Approx. No.) (People) (Homes) 4. Other (Explain) Direct all mail and contracts to (please print): 5. Name (Day Phone) (Alternate Phone) (FAX) Title (Day Phone) (Alternate Phone) (FAX)	(Businesses	s)
2. Date Formed: 3. Represents (Approx. No.) (People) (Homes) 4. Other (Explain) Direct all mail and contracts to (please print): 5. Name (Day Phone) (Alternate Phone) (FAX) 7. Email List other representatives or officers:	(Businesses	s)
3. Represents (Approx. No.) (People) (Homes) 4. Other (Explain) Direct all mail and contracts to (please print): 5. Name (Day Phone) (Alternate Phone) (FAX) Title (Day Phone) (FAX) Title	(Businesses	s)
4. Other (Explain) (People) (Homes) Direct all mail and contracts to (please print): 5. Name Title 6. Address City (Day Phone) (Alternate Phone) (FAX) 7. Email List other representatives or officers:		
4. Other (Explain) Direct all mail and contracts to (please print): 5. Name		
5. Name		
5. Name		
5. Name		
6. Address City		
7. Email		
7. Email		
List other representatives or officers:		
8. Name Title		
(Address) (City) (Day Phone)	(Alt. Phone)	(FAX)
9. Name Title		, ,
7. Name True		
(Address) (City) (Day Phone)	(Alt. Phone)	(FAX)
 Organization boundaries (identify by streets and natural boundaries, include which side of these feature want to attach a map or written supplement to further describe your area. 	res are in your area)	. You may also
1 11		
North East		

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 or 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
Co	mpleted by:(Please print)
Tit	le: Signature:
Plea	Department of Human Services Division of Community Programs 100 Outlaw Street Chesapeake, VA 23320
Coı	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.