

Membership Application
Chesapeake Council of Civic Organizations Inc.
P. O. Box 9605
Chesapeake, VA 23321

●—————●
(PLEASE PRINT)

Name of Organization: _____

Address: _____

Zip Code: _____

Name of Voting Representative and Alternate:

Date and Place of Applicants Meetings:

DUES ARE \$25.00/YR
MAKE CHECKS PAYABLE TO CCCO

-
- Would like additional information.
 - Would like speaker to attend a meeting.
 - Would like to be on mailing list only. (\$10.00/yr)
 - Would like to make a donation only. (\$_____)

●—————●
Thank you for your interest in joining the C.C.C.O.

Rev 10/02 **Approved** _____ **Date** _____



CHESAPEAKE NEIGHBORHOOD

LEADERSHIP PROGRAM

SPRING & FALL SESSIONS

GOALS

- Increase the knowledge and skills of residents to lead and contribute to the success of neighborhood improvement groups.
- Increase the effectiveness of neighborhood organizations with improving the community through strategic planning and partnerships

CURRICULUM

- Successful Organizing for Neighborhoods
- Developing Vision & Mission Statements
- Strategic Planning and Problem Solving
- Neighborhood Improvement Initiatives
- Accessing Resources & Developing Partnerships
- Effective Communication & Presentations

PROGRAM FUNCTIONING

- 6 weeks – 2.5 hour evening sessions, once a week
- Two sessions per year (Spring & Fall)
- Limited to twenty-five (25) students
- Instructors from the City, agencies & local colleges
- Materials and supplies provided
- Interactive, hands-on exercises

PROGRAM BENEFITS

- Upgrade citizens levels of participation in neighborhoods
- Increase collaboration with city residents and staff
- More effective neighborhood organizations
- Transferable knowledge and skills to other civic organizations and City boards & commissions
- Improved neighborhood quality of life

WHEN & WHERE

Sessions:
Spring: March/April
Fall: October/ November

Day/Time:
Thursday
6:30 to 9:00 pm

Location:
To Be Announced

NEIGHBORHOOD LEADERSHIP CLASS REGISTRATION FORM

Please complete and return via mail or fax to (757) 382-8555

Name _____

Neighborhood/Civic League _____

Address _____

Phone _____ Fax _____

Email _____

FOR MORE INFORMATION: Call (757) 382-6018 or email mcclammy@mail.city.chesapeake.va.us

Phone: 757-382-6018

Neighborhood Services Coordination
P. O. Box 15225
Chesapeake, VA 23328

Fax: 757-382-8555



OFFICE USE ONLY

City Council District _____

CAC _____

Map ID Number _____

Registration of Civic League

Date: _____

1. Name of Organization: _____

2. Date Formed: _____

3. Represents (*Approx. No.*) _____
(People) (Homes) (Businesses)

4. Other (*Explain*) _____

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:

8. Name _____ Title _____

(Address)

(City)

(Day Phone)

(Alt. Phone)

(FAX)

9. Name _____ Title _____

(Address)

(City)

(Day Phone)

(Alt. Phone)

(FAX)

10. Organization boundaries (*identify by streets and natural boundaries, include which side of these features are in your area*). You may also want to attach a map or written supplement to further describe your area.

North _____ East _____

South _____ West _____

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:

Neighborhood Services Coordination
City of Chesapeake
P.O. Box 15225
Chesapeake, VA 23328-5225

Contacts:

Telephone: (757) 382-6018
Fax: (757) 382-8555

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