# Neighborhood Association/Organization Registration Form

Neighborhood Association/Organization_____

Contact Person _____

(Please list additional contacts on next page)

Address _____ Zip _____

Email _____ Phone _____

Boundaries for your neighborhood association

North _____ South _____

East _____ West _____

Meetings for your neighborhood association

Date _____ Time _____ Monthly _____ Quarterly _____ Yearly _____

Location_____

_____

I give permission to the Office of Youth Services & Community Affairs to:

*(place an X to acknowledge acceptance)*

_____ publish our organization's contact information in the neighborhood directory

_____ post our organization's contact information on the Neighborhood Relations webpage

_____ use our organization's contact information to communicate pertinent information (via email, phone, or United States Postal Service) that impacts our neighborhood or organization.

Signature _____ Date _____

**The City of Memphis Division of Public Services and Neighborhoods**
**Office of Community Affairs**
**Attn: Cherry Young**
**315 S. Hollywood Street**
**Memphis, TN 38104**
**Office: (901) 636-6261 ● Fax: (901) 636-6505**
**E-mail: cherry.young@memphistn.gov**

Contact Person _____

Address _____ Zip _____

Email _____ Phone _____

Contact Person _____

Address _____ Zip _____

Email _____ Phone _____

Contact Person _____

Address _____ Zip _____

Email _____ Phone _____

Contact Person _____

Address _____ Zip _____

Email _____ Phone _____

Submit Form