



Outreach • Engagement • Advocacy

Neighborhood Organization Registration Form

Neighborhood Organization _____

Contact Person's Name _____

Address _____ Apartment/Unit _____

City _____ State _____ Zip _____ Phone _____

Email _____

Street Boundaries for your Neighborhood Association

North _____ South _____

East _____ West _____

How many members does your organization have? _____

Meetings for your Neighborhood Association

Date _____ Time _____ Monthly _____ Quarterly _____ Yearly _____

Location _____

I give the Office of Community Affairs permission to publish our organization's contact information in the Neighborhood Directory and ***share our contact information*** with individuals, organizations, and businesses who request it.

(Circle "Yes" or "No" to show your choice)

Yes _____ No _____

Please return this form by mail or fax to
Timothy Harris
Division of Parks and Neighborhoods - Office of Community Affairs
Community Outreach Specialist
125 N. Main Street Ste. 200
Memphis, TN 38103 * FAX (901) 576-6505

Additional Contact Person Information

Contact Person _____
Address _____ Zip _____
Email _____
Phone _____

Contact Person _____
Address _____ Zip _____
Email _____
Phone _____

Contact Person _____
Address _____ Zip _____
Email _____
Phone _____