Registration Form

City of Bryan Neighborhood Associations

1. **Name of the Neighborhood Association:**

   _____

2. **General location of Neighborhood Association:**

   _____

   _____

   _____

   Indicate approximate boundaries of the neighborhood

3. **In what single-member district is your organization located?**

   _____

4. **Purpose for organizing:**

   _____

   _____

   _____

5. **Primary Neighborhood Association Contact(s):**

   _____ _____

   Name **Phone**

   _____

   _____ _____

   Mailing Address **E-Mail Address**

   _____

   Position (Officer or General Member)

   _____ _____

   Name **Phone**

   _____

   _____ _____

   Mailing Address **E-Mail Address**

   _____

   Position (Officer or General Member)

6. If your Association has a web site, please list it below:

_____

7. How frequently does your Association plan to meet?

_____

_____

If you already have a proposed agenda, please list meeting times and dates below:

_____

_____

_____

_____

8. Do you anticipate the need for city staff representation at your neighborhood association meetings?

_____

Indicate "Yes," "No," or "Undecided"

If "yes," please register your requests for a City staff representative in written form no less than 72 hours prior to the neighborhood meeting in question.

9. If your Association has compiled a list of priorities on which to concentrate or has developed a neighborhood plan, please describe these objectives in the space below:

_____

_____

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Mail This Document To: *City Secretary's Office, P.O. Box 1000, Bryan, TX 77805-1000;* **Fax It To:** 979-209-5003; **Or, E-Mail It To:** CitySecretaryWeb@bryantx.gov

Neighborhood Association Members (Please attach as many sheets as necessary)

Name of Association:

_____

Officers and General Members:

_____ _____
Name **Phone**

_____

_____ _____
Mailing Address **E-Mail Address**

_____
Position (Officer or General Member)

_____ _____
Name **Phone**

_____

_____ _____
Mailing Address **E-Mail Address**

_____
Position (Officer or General Member)

_____ _____
Name **Phone**

_____

_____ _____
Mailing Address **E-Mail Address**

_____
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