



**Neighborhoods and Housing Services Department**

**Neighborhood Membership and Renewal Registration Form**

Mail or Fax this form to: **Neighborhoods and Housing Services Department**  
414 E 12th Street, 4th Floor  
Kansas City, MO. 64106  
Fax: (816) 513-2808  
Email: [sarah.cecil@kcmo.org](mailto:sarah.cecil@kcmo.org)  
Phone: (816) 513-3036

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Organization: \_\_\_\_\_

Type of Organization: *(Please check one):*

Block Club \_\_\_\_ Neighborhood Association \_\_\_\_ Homes Association \_\_\_\_

Not for Profit 501-3(c) \_\_\_\_ Business \_\_\_\_ Other (specify): \_\_\_\_\_

Number of Members: \_\_\_\_\_

Council District: *(Please circle all that apply):*      1      2      3      4      5      6

Patrol Division: *(Please circle all that apply):*    Shoal    North    Central    Metro    South    East

How often are the meetings held? *(Please circle one):*    Weekly    Monthly    Bi-monthly    Quarterly  
Semi-annually    Annually    Other (specify): \_\_\_\_\_

Location of meeting: \_\_\_\_\_ Time: \_\_\_\_\_ A.M./P.M.

On what "day" are the meetings scheduled *(for example, 2nd Tuesday)?* \_\_\_\_\_

Are elections held? \_\_\_\_ How often? \_\_\_\_ List the election month: \_\_\_\_\_

Please indicate your boundaries:

North:	South:
East:	West:

**Please indicate list all streets between the boundaries:**

<b>North/South:</b>	_____
	_____
	_____
<b>East/West:</b>	_____
	_____
	_____

**Please list current officers for your organization:**

Name:	Title:	
Address:		
Phone:	Fax:	Alternative Phone:
Email address:	Should this person be listed as a contact for this group?	
Would you like your information available for others to contact you (public viewing)?		

Name:	Title:	
Address:		Phone:
Email address:	Should this person be listed as a contact for this group?	
Would you like your information available for others to contact you (public viewing)?		

Name:	Title:	
Address:		Phone:
Email address:	Should this person be listed as a contact for this group?	
Would you like your information available for others to contact you (public viewing)?		

Name:	Title:	
Address:		Phone:
Email address:	Should this person be listed as a contact for this group?	
Would you like your information available for others to contact you (public viewing)?		

Name:	Title:	
Address:		Phone:
Email address:	Should this person be listed as a contact for this group?	
Would you like your information available for others to contact you (public viewing)?		

Name:	Title:	
Address:		Phone:

Email address:	Should this person be listed as a contact for this group?
Would you like your information available for others to contact you (public viewing)?	

Is there a P.O. Box or office for this group?	If yes, please list the address:
List the group's website:	
List the group's email address:	

**If you have any questions, please contact us at (816) 513-3036. Thank you for your interest and participation.**

**\* There should be at least one person listed on the application that is available to the public for viewing and answering questions.**