



ASSOCIATION INFORMATION SHEET

(Note: All information on this form is considered public record)

DATE SUBMITTING THIS FORM	
ASSOCIATION NAME	
OFFICIAL ASSOCIATION EMAIL (Important: All City departments will receive this email to distribute information accordingly)	
ASSOCIATION MAILING ADDRESS	
TAX ID (if Incorporated)	
ASSOCIATION WEBSITE (URL) or SOCIAL MEDIA LINK	
TYPE OF ASSOCIATION (e.g. Neighborhood, Condo, Business)	
NUMBER OF MEMBERS IN ASSOCIATION	
GENERAL MEETING DATE(S) FOR ALL MEMBERS (e.g. First Monday of Month, Annually on last Tuesday in January, Quarterly on Mondays in Feb, May, August, Nov)	
GENERAL MEETING LOCATION (if available)	
PRESIDENT/CHAIR NAME	
PRESIDENT/CHAIR TERM DATES	
PRESIDENT/CHAIR EMAIL	
PRESIDENT/CHAIR CONTACT #	
ADDITIONAL BOARD MEMBER NAME & TITLE	
ADDITIONAL BOARD MEMBER EMAIL	
ADDITIONAL BOARD MEMBER CONTACT #	
IS THIS ASSOCIATION A MEMBER OF CCNA – YES OR NO	