



REGISTRATION FORM

CITY OF KENT NEIGHBORHOOD PROGRAM
making connections...transforming neighborhoods

Date: _____

CONTACT INFORMATION (Please Print)

Name of your Neighborhood Organization: _____

Name of Primary Contact: _____

Mailing Address: _____

City: Kent Zip Code: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Email Address: _____

Is this address a permanent address for your organization? Yes _____ No _____

Please provide an address and phone number for an alternate contact person.

Name: _____

Address: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Email Address: _____





Please provide a roster of your members, titles, and addresses.

President

Name: _____

Address: _____

Phone Number: _____

Email: _____

Vice President

Name: _____

Address: _____

Phone Number: _____

Email: _____

Treasurer

Name: _____

Address: _____

Phone Number: _____

Email: _____

Secretary

Name: _____

Address: _____

Phone Number: _____

Email: _____

When are new board members elected? _____

MEMBERSHIP

Is your organization a registered Homeowner's or Neighborhood Association? _____

When was your association created? _____

Is membership voluntary or mandatory? _____

Do you have a dues structure: Yes _____ No _____ If yes, what is your membership fee structure? \$ _____

When are your dues collected? Monthly _____ Quarterly _____ Annually _____

Are non-residential property owners allowed to join your association? Yes _____ No _____

Are renters allowed to join your association? Yes _____ No _____



MEETINGS

What is your association's meeting schedule? If possible, please provide the date, time and locations for meetings to be held this year.

Dates	Times	Locations (Address)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Would your association be interested in scheduling speakers from the City for future meetings?

If so, what topics would be of interest? (i.e. Capital projects planned for your area, current issues, and general city government, public safety issues, recreational programs, etc.) _____

Describe the boundaries of your association. If possible, please attach a map.

North: _____
East: _____
South: _____
West: _____

DEMOGRAPHICS

How many of the following are located within the boundaries of your association?

____ Single Family Homes ____ Multi-Family Apartment Units ____ Schools
____ Vacant Lots ____ Commercial Properties ____ Churches

ACTIVITIES/FUND RAISING

Does your organization hold any annual activities? Please list and provide dates if possible.

How many members regularly participate in the meeting/social activities of your organization?

Estimated _____ Actual _____



COMMUNICATION

Does your organization publish a newsletter? Yes____ No____

How often is your newsletter published? Monthly____ Quarterly____ Annually____

Please attach a copy of your newsletter.

Who is the contact person for your newsletter?

Name: _____

Address: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Email: _____

What are the information deadlines? _____

As an officially recognized neighborhood by the City of Kent Neighborhood Program, are you aware of Newsletter Grant funding opportunities? Yes ____ No ____

Would your organization be interested in other workshops? Yes ____ No ____

If so, what subjects would your group be interested in learning about? _____

What are the top three interests/issues for your neighborhood group? _____

OTHER COMMENTS

CHECKLIST FOR SUBMITTAL

Please include:

- _____ A copy of your bylaws
- _____ A map detailing your neighborhood boundaries
- _____ A current newsletter, if applicable
- _____ A copy of your CC & R's, if applicable

Thank you for completing all sections of this registration form.
Please return it to Toni Azzola, Neighborhood Program Coordinator,
City of Kent, 220 Fourth Avenue South, Kent, WA 98032.
Feel free to contact her at **253-856-5708** with any questions or comments.

