



SUNNYVALE NEIGHBORHOOD ASSOCIATION REGISTRATION FORM AND INFORMATION SHEET



DATE: _____
Month Day Year

NAME OF ASSOCIATION: _____

YEAR ESTABLISHED (if known): _____

NUMBER OF HOUSEHOLDS (if known): _____

ESTIMATED NUMBER OF ACTIVE MEMBERS: _____

NEIGHBORHOOD BOUNDARIES (Streets: north/south/east/west or attach diagram/map)

NAME OF PERSON PROVIDING THIS INFORMATION:

Name (please print)

Title

Signature

Today's Date

E-mail

Street Address

Zip

Phone

DOES YOUR ASSOCIATION HAVE A WEB SITE? No Yes

If so, URL: _____

DOES YOUR ASSOCIATION HAVE REGULAR MEETINGS? No Yes

If yes, when/where are your meetings? _____

DOES YOUR ASSOCIATION HAVE A NEWSLETTER? No Yes

If yes, when is the newsletter distributed? Monthly Quarterly Other _____

If yes, is the newsletter distributed by email or hardcopy? _____

If yes, when is the deadline to submit articles? _____

BRIEF STATEMENT OF ASSOCIATION OBJECTIVES AND GOALS

(May be continued on back of form): _____

For assistance, please contact the Program
Coordinator, (408) 730-7472 or
ntruitt@ci.sunnyvale.ca.us

**NEIGHBORHOOD ASSOCIATION
REGISTRATION FORM & INFORMATION SHEET
(CONTINUED)**

CURRENT ASSOCIATION OFFICERS

From _____ to _____
Month/Year Month/Year

(First officer listed will be the primary City contact unless otherwise designated. If you need to add more officers, please use the back of this form.)

Name (please print)

Title

Signature Date

E-mail

Street Address ZIP

Phone

Name (please print)

Title

Signature Date

E-mail

Street Address ZIP

Phone

Name (please print)

Title

Signature Date

E-mail

Street Address ZIP

Phone

Name (please print)

Title

Signature Date

E-mail

Street Address ZIP

Phone