



The Columbia Council of Neighborhoods (CCN) 2019-20 Membership Re-Certification Form

Neighborhood Organization: _____

Address _____ **Zip:** _____

Neighborhood Boundaries (include streets/blocks): _____

What portion of your neighborhood lies within the City limits of Columbia?

_____ All _____ More than Half _____ Half _____ Less than Half

Please list the names, emails AND phone numbers of current neighborhood organization officers:

President: _____

Email: _____ *Phone:* _____

Vice President: _____

Email: _____ *Phone:* _____

Secretary: _____

Email: _____ *Phone:* _____

Treasurer: _____

Email: _____ *Phone:* _____

WHAT day/time does your Association meet (ex. First Mondays at 6 pm)? (Attached calendar)

WHERE are meetings held (ex. neighbor's homes) _____

WHEN is the election of officers? (Ex. Annual Mtg in May) _____

ATTACH *most* current Bylaws: _____ **Will bring to CCN meeting** _____

List person appointed to attend and represent at CCN meetings IF other than the President:

Name: _____

Email _____ **Phone:** _____

Date Completed: _____ **Submitted by:** _____