



723 West Markham  
Little Rock, AR 72201  
501-371-4790

## Neighborhood Association Registration Form

**\*Name of Organization:**

**\*Mailing Address:**

**Website/Social Media:**

**Contact Person :**

**\*Name :**

**Phone:**

**\*Email :**

**Date Formed:**

**Number of Members:**

**Board Member Info (at least one) :**

**\*President:**

Name:

Contact info:

Vice President:

Name:

Contact info:

Treasurer:

Name:

Contact info:

Secretary:

Name:

Contact info:

Other:

Name:

Contact info:

**Bylaws Attached:**

Yes

No

**Neighborhood Boundaries:**

**\* Required Fields**

Please mail the completed form to the address above or email to [jgosdin@littlerock.gov](mailto:jgosdin@littlerock.gov). (information requests may be made to the same address/email)