



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

Neighborhood Association Registration Form - 2020

***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 wmalone@littlerock.gov. (information requests maybe made to the same address/email)