Appendix B. Membership Form The South Valley Coalition of Neighborhood Associations (SVCNA) Membership Form

To: The South Valley Coalition of Neighborhood Association	ions
Subject: Annual Membership Form for Participation in the	Coalition
and designates the following persons to represent our of	roup or Association submits this application for membership organization at meetings of the South Valley Coalition of the annual meeting held in February of 201 Included with
Voting Member Name:	<u>Association or Group Board of Directors (cont)</u> :
Address:	<u>Vice President</u> Name:
Phone: E-mail:	Address:
Alternate Name:	Phone: E-mail:
Address:	Secretary Name:
Phone: E-mail:	Address:
Association or Group Board of Directors: President Name:	Phone: E-mail:
Address:	
Phone: E-mail:	
Our Association or Groups meets:	
(example: second Thursday of each month	th)
(time) (location)	
Month of your Association or Group annual meeting	
Our Association or Group is currently recognized by Ber Our Association or Group is currently recognized by the	
	e minutes of their annual meeting and a copy of the sign in nents for membership in SVCNA at the discretion of the
As a voting member I have read and understand the SVCNA current By-Laws and Code of Ethics.	
Name: Signature	Date: