

ASNC STAKEHOLDER REGISTRATION FORM FOR ORGANIZATION REPRESENTATIVES

Thank You for joining us! If you'd like to register by mail, just complete this form and mail it to:

Arroyo Seco Neighborhood Council Registration
P.O. Box 42254
Los Angeles, CA 90042

PLEASE PRINT ALL INFORMATION AS CLEARLY AS POSSIBLE.

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Other Contact Information *(optional)*

Phone Number () _____ Email Address _____

I am interested in serving on one or more of the ASNC's committees.

NAME OF ORGANIZATION: _____

IN WHICH ASNC COMMUNITY IS THIS ORGANIZATION A STAKEHOLDER?

(Choose just one of the following. If you are an organization in multiple communities, choose the one you feel you most belong to. If you don't know exactly which community you're a stakeholder in, consult the map on the other side of this form.)

Hermon Montecito Heights Monterey Hills Mount Washington Sycamore Grove

AT WHAT ADDRESS WITHIN ITS BOUNDARIES IS YOUR ORGANIZATION'S STAKE IN THAT COMMUNITY?

(You must enter at least one of the following in order to be registered.)

ORGANIZATION'S OPERATING ADDRESS:

Street Address *(not P.O. Box)* _____

ADDRESS OF PROPERTY THE ORGANIZATION OWNS:

Street Address *(not P.O. Box)* _____

FINALLY, AFFIRM THE FOLLOWING STATEMENT BY SIGNING BELOW AND ENTERING TODAY'S DATE:

I, the undersigned, hereby state under penalty of perjury that I am at least 18 years of age, that I am the above-named organization's sole designated representative to the ASNC, and that the information provided on this form is correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Please note that information from this document will be used for a citywide communication network and database, including Internet capability, and made available to the public.

For ASNC use only.