



Rock Hill Council of Neighborhoods Annual Neighborhood Recertification Form

Please complete and return this form to the RHCN Secretary annually or as changes occur within your organization. Complete the first line of page one (Name of Neighborhood Organization), the last two lines of page two (name, office and signature of person completing Recertification Form) and only the portions that have changed since the original application or last Recertification Form was completed. If changes/updates have been made to the organization's bylaws, please attach a copy.

Name of Neighborhood Organization _____

Boundaries of Neighborhood: _____

Names, addresses, and phone numbers of current officers for your Neighborhood Organization.
(If officers' titles are different than those listed, please indicate below.)

President _____

Vice President _____

Secretary _____

Treasurer _____



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When and where are regular neighborhood meetings held? _____

When are elections of officers held? _____

Does membership to your organization remain open to anyone who lives or owns property in the neighborhood regardless of race, creed, color, sex, age, national origin, or physical and mental disability? _____ Yes _____ No

Name, address, and phone number of representative to the RHCN _____

Name, address, and phone number of alternate to the RHCN _____

Recertification form completed by (print name & office held) _____

Officer signature

Date of recertification