



**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. If changes/updates have been made to the organization's bylaws, please attach a copy. **Please fill this form out completely even if no changes have occurred.**

Name of Neighborhood Organization: _____

Boundaries of Neighborhood: _____

Neighborhood Organization Officer Information

If officers' titles are different from those listed, please indicate below.

President

Name: _____

Address: _____

Phone: _____ E-mail: _____

Vice President

Name: _____

Address: _____

Phone: _____ E-mail: _____

Secretary

Name: _____

Address: _____

Phone: _____ E-mail: _____

Treasurer

Name: _____

Address: _____

Phone: _____ E-mail: _____

RHCN Recertification Form (cont.)

When and where are regular neighborhood meetings held? _____

When is election 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

RHCN Primary Representative

Name: _____

Address: _____

Phone: _____ E-mail: _____

RHCN Alternate Representative

Name: _____

Address: _____

Phone: _____ E-mail: _____

Recertification form completed by:

Name: _____

Neighborhood Organization Office Held: _____

Officer Signature

Date of Recertification

Please return to: Terry Windell
City of Rock Hill
P.O. Box 11706
Rock Hill, SC 29731
326-3877