

CONFEDERATION OF NEIGHBORHOOD ASSOCIATIONS INFORMATION SHEET

NAME OF ASSOCIATION: _____

Delegate #1 Information

Full Name _____

Home Phone Number _____

E-Mail (if available) _____

Fax # _____

Work Phone # _____

Mailing Address _____

Delegate #2 Information

Full Name _____

Home Phone Number _____

E-Mail (if available) _____

Fax # _____

Work Phone # _____

Mailing Address _____

President's Information

Full Name _____

Home Phone Number _____

E-Mail (if available) _____

Fax # _____

Work Phone # _____

Mailing Address _____
