

BOARD OF BLOCK CLUBS REGISTRATION FORM

		e: Registration No.:
This form certifies that resident the city/town of	ents of (Street Name)	County of Erie have organized and established a
Name of Block Club/Associa	ation/ Coalition/ Tenant Council:	
Mailing address:		Zip:
	Cell:	
	Location:	
Number of members:		Police District:
	BLOCK CLUB / TENANT COUN	NCIL OFFICERS
1. President/Chair Na	me:	
Address:		Zip:
Contact number:	Cell:	
E-mail address:		
	r Name:	
Address:		Zip:
Contact number:	Cell:	
E-mail address:		
3. Secretary:		
Address:		Zip:
Contact number:	Cell:	
E-mail address:		
4. Treasurer:		
Address:		Zip:
Contact number:	Cell:	
E-mail address:		

5.	Sergeant-at-Arms:		
	Address:		Zip:
	Contact number:	Cell:	
	E-mail address:		
6.	Chaplain:		
	Address:		Zip:
	Contact number:	Cell:	
	E-mail address:		
7.	Public Relations:		
	Address:		Zip:
	Contact number:	Cell:	
	E-mail address:		
8.	Other:		
	Address:		Zip:
	Contact number:	Cell:	
	E-mail		

Please send to: The Board of Block Clubs of Buffalo & Erie County, Inc. 2400 City Hall, Buffalo, New York 14202-3302

Copies of this form will be filed with:

The Mayor's Office, 201 City Hall, Buffalo, New York 14202 (851-4841)
Common Council President's Office, 1315 City Hall, Buffalo, New York 14202 (851-4138)
District Council Member's Office ______ City Hall, Buffalo, New York 14202
Buffalo Police Commissioner's Office, Court Street, Buffalo, New York 14202