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Date Received: _____

PLANNING & COMMUNITY DEVELOPMENT

eastpointcity.org

2757 East Point Street, East Point, GA 30344
Phone: (404) 669-4399, option 4 Email: zoning@eastpointcity.org

**EAST POINT NEIGHBORHOOD ASSOCIATION
NEW/UPDATE MEMBER REGISTRATION FORM**

NEIGHBORHOOD

Name of Group, Community or Association: _____

NEW MEMBER INFORMATION

Name: _____

Title: _____ Phone: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

E-mail: _____

OUTGOING/PREVIOUS MEMBER INFORMATION

Name: _____

Title: _____ Phone: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

E-mail: _____

NEIGHBORHOOD DETAILS

Location of Meetings: _____ Ward: _____

Day of Meeting: _____ Time of Meeting: _____

Neighborhood Boundaries (e.g., street names): _____

Other Information (if any): _____

E-mail this form to the Department of Planning and Community Development Planning Division at zoning@eastpointcity.org.

RESOURCE LINKS

- [BS&A](#)
- [Apply for Planning, Zoning, or Engineering Process](#)
- [Online Payments](#)