

Together • Enlighten • Activate • Movement



# RCNC MEMBERSHIP APPLICATION / RENEWAL FORM

Please return this form to a Richland County Neighborhood Council Board Member or mail to:  
 RCNC, c/o Richland County Neighborhood Improvement Program  
 2020 Hampton St., 1<sup>st</sup> Floor  
 PO Box 192  
 Columbia, SC 29202

| <b>Please answer the following 5 questions</b>                  | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|
| Is your neighborhood located within the Richland County limits? |            |           |
| Do you have at least one public neighborhood meeting annually?  |            |           |
| Do you have an elected body of officers?                        |            |           |
| Is your association non-partisan in nature?                     |            |           |
| Does your association have a constitution and/or bylaws?        |            |           |

**How does your association preserve and promote the integrity of your neighborhood?  
 Check all that apply.**

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Community clean ups | <input type="checkbox"/> Community, Social Events | <input type="checkbox"/> Crime Watch            |
| <input type="checkbox"/> National Night Out  | <input type="checkbox"/> Beautification Projects  | <input type="checkbox"/> Newsletters            |
| <input type="checkbox"/> Afterschool program | <input type="checkbox"/> Recreation Program       | <input type="checkbox"/> Neighborhood directory |
| <input type="checkbox"/> Landscape services  | <input type="checkbox"/> Other:                   |   |

**VOTING REPRESENTATION**

Each member organization appoints one person to represent their respective organization at RCNC meetings. Please provide information for the primary and alternate representatives.

**Association Name:**

**Primary Representative**

|                  |       |
|------------------|-------|
| Name             | Phone |
|                  |       |
| Address/City/Zip | Email |
|                  |       |

**Alternate Representative (up to 5- use space on back)**

|                  |       |
|------------------|-------|
| Name             | Phone |
|                  |       |
| Address/City/Zip | Email |
|                  |       |

**SIGNATURE**

Please include a copy of your organization's:

|                       |                                    |
|-----------------------|------------------------------------|
| <input type="radio"/> | Board member contact information   |
| <input type="radio"/> | Association bylaws or constitution |