



Neighborhood Leadership Academy

City of El Paso – Community & Human Development Department

REGISTRATION FORM

Contact Information

Name: _____

Address: _____

Zip Code: _____

Phone: _____

E-Mail: _____

Additional Information

1) Are you a member of a neighborhood association?

No Yes Name: _____

2) Have you served on any boards or commissions?

No Yes Name most recent: _____

3) Have you completed this program before?

No Yes

4) Will you need Spanish translation/interpretation?

No Yes

Signature: _____

Date: _____

If submitting this form electronically, please check the following box in lieu of providing a signature above: By checking this box, I affirm that the information provided above is true to the best of my knowledge.

Please submit this form via mail, email or hand delivery to:

Community and Human Development Department - Neighborhood Services Division

Mail: City 3 – 801 Texas Ave., 3rd Floor, El Paso, TX 79901

E-mail: montalvoot@elpasotexas.gov

Phone: (915) 212-1680