COMMUNITY ASSOCIATIONS
2ND CONGRESSIONAL DISTRICT OF MARYLAND

Please complete the following information about your community association. Thank you for your time.

ORGANIZATION NAME: _____

PRESIDENT: _____

PHONE NUMBER: _____

ASSOCIATION'S ADDRESS: _____
_____

SECONDARY CONTACT:_____

PHONE NUMBER: _____

ASSOCIATION LOCATED IN:

___ Baltimore City ___ Harford County
___ Baltimore County ___ Anne Arundel County

BOUNDARIES: _____
_____
_____
_____

DATE OF BEGINNING OF ASSOCIATION'S CALENDAR YEAR: _____

NUMBER OF MEMBERS: _____

FREQUENCY OF MEETINGS: _____
_____

MEETING LOCATION: _____
_____
_____

ADDITIONAL INFORMATION: _____
_____
_____
_____
_____
_____