



MEMBERSHIP APPLICATION for GALVESTON ALLIANCE OF ISLAND NEIGHBORHOODS

membership@gaingalveston.com PO Box 974, Galveston, TX 77553 <https://www.gaingalveston.com>

Date submitted: _____

Name of Neighborhood Association: _____

Year formed: _____

How often are general meetings held: _____

Where are general meetings held: _____

Boundaries for your neighborhood association:

Number of homes in neighborhood: _____

Official Association contact: What of this information can be released to the public?

Name: _____ Title: _____

Address: _____ Zip: _____

Email: _____ Phone: _____

Representative to GAIN: _____ (This not released to public)

Email: _____ Phone: _____

Alternate Representative: _____

Email: _____ Phone: _____

If your association has a website, what is address: _____

Does the association have a newsletter: _____ Editor: _____

Email: _____ Phone: _____

Are you a 501c3 ? _____

Please provide a copy of your bylaws _____

(Over)

Your representatives (directors) to GAIN must: Each director, principal officer and member of a committee with governing board delegated powers shall annually sign a statement which affirms such person/s:

- a. Has received a copy of the conflicts of interest policy,
- b. Has read and understands the policy,
- c. Has agreed to comply with the policy, and
- d. Understands the Organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Please let us know if you would want a GAIN officer(s) to speak to your association; we invite your membership to attend any of our monthly meetings on 1st Wednesday of the month at 5:30 p.m.