



**FEDERATION OF BLOCK UNITS
Annual Assessment Form**

Year: _____

Meeting Date: _____ **Time:** _____

This Block Unit is located on the _____ block of _____ (Street Name)

From: _____ **Area Council:** _____
(Block Unit Number)

Address: _____ **Zip Code:** _____

(Name of Block Unit Chair)

(Address of Chair)

(Email / Phone)

(Name of Vice Chair)

(Address of Vice Chair)

(Email / Phone)

(Secretary)

(Address of Secretary)

(Email / Phone)

(Treasurer)

(Address of Treasurer)

(Email / Phone)

**Complete this assessment form and return it to Recording Secretary via email recsecretary@gmail.com or mail to
Urban League of Metropolitan St. Louis ATTN: Federation of Block Units 1408 N. Kingshighway Blvd St. Louis, MO 63112**

SUBMIT YOUR FEDERATION BLOCK UNIT MEMBERSHIP ROSTER



FEDERATION OF BLOCK UNITS

NAME	ADDRESS	EMAIL	PHONE NUMBER

Who Are Your Federation Block Unit (FBU) Members?

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**FEDERATION OF BLOCK UNITS
USE A SEPARATE SHEET TO ADD MORE**

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