

MULTICULTURAL AND AFFILIATE ORGANIZATION FORM

Completed forms may be submitted via mail or fax. For questions, please contact Emma Evans at (949) 724-6340 or eevans@cityofirvine.org. Please note, all information provided will be public information of the City of Irvine.

MAIL: City of Irvine

Multicultural Affairs Office

P.O. Box 19575 Irvine CA 92623 <u>FAX</u>: (949) 724-6045 ATTN: Emma Evans

ORGANIZATION INFORMATION			
NAME OF ORGANIZATION	IMATION		
TO AND OF CITES WILLS WHEN			
DESCRIPTION OF ORGANIZATION			
DESCRIPTION OF ORGANIZATION			
ADDRESS			PHONE
CITY	STATE	ZIP	FAX
GENERAL E-MAIL			WEBSITE
HEAD OF ORGANIZATI	ON		
NAME			TITLE
E-MAIL			PHONE
ADDITIONAL INFORM	ATION		
Please check box if you are intereste		ail undates from t	the Multicultural Affairs Office
	_	•	
Please check box if you would like in	•	-	•
located in the City.	iust serve the resid	dents and/or bus	inesses of Irvine, but does not need to be
	tion provided on t	this form may be	included on the website, the City reserves
the right to edit submissions for s	spelling, grammar,	style, accuracy, a	nd content.
COMPLETED BY	SIGNA	TURE	DATE