



**Holborn Area Community
Crime Watch Association
Membership Application Form**
Email: holborncrimewatch@gmail.com



<https://www.facebook.com/Holborn-Area-Community-Crime-Watch-Association-1522717437986330>

APPLICANT INFORMATION

Surname _____ Given Name _____ Middle Name _____

DOB (D/M/Y) _____ Email _____

Home Phone _____ Cell Phone _____ City _____

Municipal Address _____ Postal Code _____

Fan out messages will be done by email only

Criminal Record: Yes No Outstanding Criminal Charges: Yes No

*Criminal Record Check will be required for any members wishing to join the Board.

OTHER RESIDENTS TWELVE (12) YEARS OF AGE AND OLDER
(Use back of form if necessary)

1. Surname _____ Given Name _____ Middle Name/ Initial _____

DOB (D/M/Y) _____ Email _____

2. Surname _____ Given Name _____ Middle Name/ Initial _____

DOB (D/M/Y) _____ Email _____

3. Surname _____ Given Name _____ Middle Name/ Initial _____

DOB (D/M/Y) _____ Email _____

4. Surname _____ Given Name _____ Middle Name/ Initial _____

DOB (D/M/Y) _____ Email _____

DECLARATION

I consent to the release of personal information to the executive of the Association. I further understand and agree that, should my participation in the above mentioned programme be found to be unsatisfactory by the Association or the RCMP, for cause, my membership may be terminated and all crime watch and association materials will be surrendered.

Signature

Date

OFFICE USE ONLY

Fee Paid \$ _____ Chq # _____ Rec # _____

Approved by _____

Collected by: _____

Date _____