

. . . working together



Application for Membership

Personal Data: Information provided on this form will be held in **strictest confidence** and used to contact you through Rural Crime Watch programs and criminal activity 'fan out' systems.

Surname: _____ Names: (first & middle) _____

Partner/other family Surname: _____ Names: _____

Mailing Address: _____

Town: _____ Postal Code: _____

Residence Legal Land Description: example: NE ¼ 10-21-3-W5thM Lot # if appl. _____

Quarter: _____ Section: _____ Township _____ Range: _____ Meridian: _____

Municipal Emergency Address: _____

Include contact #'s & check preferred phone# for receiving alerts: Hm.: _____

Wk. Ph: _____ Cell: _____

Email: _____ Email: _____

** I understand and agree that all signage provided by the Crime Watch Association and participation in Crime Watch programs is valid for the membership duration for which I have paid – 1, 2, or 3 years. I agree that continued use of signage & participation in programs is subject to annual membership renewal, year-end Dec. 31.*

** I understand that High Country Rural Crime Watch Association will have final authority in the approval or rejection of this application. I agree that, should my participation with the Rural Crime Watch be found unsatisfactory by the Association and/or the R.C.M.P for cause, my membership will be terminated and materials that have been supplied by the Rural Crime Watch Association will be surrendered. Any unused membership fees will be forfeited.*

Applicant's signature: _____ (year) _____ (month) _____ (day) _____

To activate membership, a fee payment of **\$12** for 1 year, **\$24** for 2 years, or **\$36** for 3 years must be **received**. One RCW sign is provided to the applicant after receipt of fee – a light plastic sign for 1 year membership, a reflective heavy plastic sign for 2 years and for 3 years. Additional signs are available for purchase at a reduced cost – enquire for details. Please mail completed form and payment to:

HIGH COUNTRY RURAL CRIME WATCH ASSOCIATION, Box 982, Turner Valley, AB, T0L 2A0
Visit us at: www.hcrcwa.ca or email us at: info@hrcwa.ca



Office Use - Payment & Sign Information:	
Amount: _____	Term: <input type="checkbox"/> 1 - <input type="checkbox"/> 2 - <input type="checkbox"/> 3 yr. Method: _____
Sign: <input type="checkbox"/> 1yr. lt. plastic	<input type="checkbox"/> 2 yr. hvy. plastic <input type="checkbox"/> 3 yr. hvy. plastic
Given: _____	To be supplied: _____ Declined: _____
By Whom: _____	Area: _____

