



South East Alberta Rural Crime Watch Association



APPLICATION FOR MEMBERSHIP

* Please print clearly *

Last Name: _____

First Name(s): _____

Mailing Address: _____

Town: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Cell Phone: _____

E-mail Address: _____

Legal Land Description (Range Road / Township Road):

Fan out area: Bow Island RCMP Detachment Redcliff RCMP Detachment

I, the undersigned, agree that if my participation with South East Alberta Rural Crime Watch Association (SE AB RCW) is found to be unsatisfactory by the Association's Executive and/or the Redcliff or Bow Island RCMP, for any reason, my membership will be terminated and the material supplied to me by the Association, including my membership sign will be surrendered. I understand that in order to maintain the integrity of the program, Rural Crime Watch Signs are for members of the Association only. I agree to remove all Crime Watch signs from my property and notify SE AB RCW when I am no longer the owner of the above mentioned property.

Applicant Signature

Date

Please attach a cheque for \$25.00 lifetime fee per household/business payable to South East Alberta Rural Crime Watch Association.

Mail cheque and application to: SE AB RCW, Box 772, Medicine Hat, Alberta, T1A 7G7.

Preferred method for Fan-Out Messages:

email text home phone

Office Use Only

<input type="checkbox"/> Sign provided	Membership Paid (date):	Invoice #
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