

. . . working together



Application for Membership

Please indicate: Renewal New Member 1 2 3 Year Membership

Sponsored by (if applicable): _____

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-W of 5th _____

Municipal Emergency Address: _____ Hm. Ph: _____

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 and participation in programs is subject to annual membership renewal.*

** 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 heavy plastic sign for 2 years, or a metal sign 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
Or, contact Angela Pipe: info@hrcrwa.ca 403.816.7655



Office Use - Payment & Sign Information:
Amount: _____ Term: 1 - 2 - 3 yr. Method: _____
Sign: 1yr. lt. plastic 2 yr. hvy. plastic 3 yr. metal
Given: _____ To be supplied: _____ Declined: _____
By Whom: _____ Area: _____

