



## APPLICATION FOR MEMBERSHIP

February 2019

**Grande Prairie District Rural Crime Watch Association**  
**Box 1162**  
**Grande Prairie, Alberta**  
**T8V 4B6**  
**780-831-4390**

Fees are \$10 per year and may be paid up to 5 years in advance.

Please make Cheques Payable to: Grande Prairie District Rural Crime Watch.

\*All membership applications are checked by RCMP.\*

**Membership Co-ordinator's Use:** Receipt Number: \_\_\_\_\_ Zone: \_\_\_\_\_ Date: \_\_\_\_\_

Paid by: Cash \_\_\_\_\_ Cheque \_\_\_\_\_ Amount \$ \_\_\_\_\_.

### **Applicant's Information:**

#1 Name (First Middle Last) \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ \* \_\_\_\_\_ \*

Driver's License Number: \_\_\_\_\_ Year Month Day

Alberta Residency (circle): YES or NO Criminal Record: YES or NO Outstanding Criminal Charges: YES or NO

### **List ALL residents 18 years of age or older residing in the household.**

#2 Name (First Middle Last) \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ \* \_\_\_\_\_ \*

Driver's License Number: \_\_\_\_\_ Year Month Day

Alberta Residency (circle): YES or NO Criminal Record: YES or NO Outstanding Criminal Charges: YES or NO

#3 Name (First Middle Last) \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ \* \_\_\_\_\_ \*

Driver's License Number: \_\_\_\_\_ Year Month Day

Alberta Residency (circle): YES or NO Criminal Record: YES or NO Outstanding Criminal Charges: YES or NO

#4 Name (First Middle Last) \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ \* \_\_\_\_\_ \*

Driver's License Number: \_\_\_\_\_ Year Month Day

Alberta Residency (circle): YES or NO Criminal Record: YES or NO Outstanding Criminal Charges: YES or NO

#5 Name (First Middle Last) \_\_\_\_\_

Male: \_\_\_ Female \_\_\_ Maiden Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ \* \_\_\_ \* \_\_\_

Driver's License Number: \_\_\_\_\_ Year Month Day

Alberta Residency (circle): YES or NO Criminal Record: YES or NO Outstanding Criminal Charges: YES or NO

#6 Name (First Middle Last) \_\_\_\_\_

Male: \_\_\_ Female \_\_\_ Maiden Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ \* \_\_\_ \* \_\_\_

Driver's License Number: \_\_\_\_\_ Year Month Day

Alberta Residency (circle): YES or NO Criminal Record: YES or NO Outstanding Criminal Charges: YES or NO

**DECLARATION**

I hereby authorize the Grande Prairie District Rural Crime Watch Association and the R.C.M.P. to determine the success of my application. I also agree that should my participation with Rural Crime Watch be found unsatisfactory by the Association and/or R.C.M.P. for cause, my membership will be terminated and material supplied as a member including my identification card, will be surrendered.

**Signature(s) of Residents:** (Please ensure all members over 18, of your household have signed below.)

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

#1 \_\_\_\_\_ #2 \_\_\_\_\_

#3 \_\_\_\_\_ #4 \_\_\_\_\_

#5 \_\_\_\_\_ #6 \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**LEGAL LAND DESCRIPTION** \_\_\_\_\_

**SUBDIVISION** \_\_\_\_\_ **LOT** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

To be completed by a member of the R.C.M.P. R.C.M.P. Clearance YES \_\_\_ NO \_\_\_ if yes, sign card.

R.C.M.P. Member \_\_\_\_\_ Date: \_\_\_\_\_