

Membership Number: _____

RM # _____

<INSERT CRIME WATCH ORGANIZATION NAME>

Membership Form

Name: _____

Mailing Address: _____

Rural Municipality (name & number): _____

Land Location: _____

Civic address: _____

Home number: _____ **Cell number:** _____

Additional phone #: _____ **What'sApp #:** _____

Email address: _____

Number of family occupants under this membership: _____

Would you like to be listed on the What'sApp? YES NO

Would you like to be listed in our directory booklet? YES NO

Lifetime Membership **<Insert membership fee> \$00.00:** _____

Date: _____

Rural Crime Watch Sign **<Insert Signage Cost> \$00.00:** _____

Date: _____

Member signature: _____

Return this form to your local crime watch area rep: _____

or mail to: **<Insert Contact Name for your Rural Crime Watch Organization>**

<Insert Mailing Address>

Email to: **<Insert the crime watch organization email >** Example: yourcrimewatch@gmail.com