

**Parkland Rural Crime Watch Association**  
**Membership Application**

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Telephone:

Cell:

\_\_\_\_\_  
Birthday (Month/Day/Year):

\_\_\_\_\_  
Mailing Address:

\_\_\_\_\_  
City:

Province:

Postal Code:

\_\_\_\_\_  
Legal Land Description/ Civic Address:

\_\_\_\_\_  
E-mail:

**Declaration**

I further understand and agree that should my participation in the above mentioned program be found unsatisfactory by the association or the RCMP, for cause, my membership may be terminated and all material including membership card will be surrendered.

\_\_\_\_\_  
**Signature**

**Office Use Only**

RCMP Clearance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Member:
Association Clearance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Membership #:
	Paid: