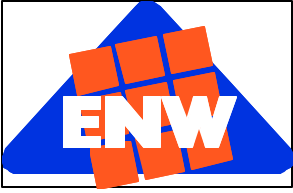


# Neighbourhood Watch Member Application



*The Edmonton Neighbourhood Watch Program would like to give you this special invitation to join the program so you can help prevent crime in your community.*

Application Date: \_\_\_\_\_  
(Year/Month/Day)

Community: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

Residence phone number: \_\_\_\_\_

Email: \_\_\_\_\_

RESIDENT #1 : Male  Female

RESIDENT #2 : Male  Female

Name: \_\_\_\_\_  
(Surname/First/Middle)

Name: \_\_\_\_\_  
(Surname/First/Middle)

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

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

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

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

Birthplace: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Business phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

Please list all other residents living in your home (children over 12yrs, relatives, etc.)

Name in Full		Date of Birth
_____	M <input type="checkbox"/>	_____
_____	F <input type="checkbox"/>	_____
_____	M <input type="checkbox"/>	_____
_____	F <input type="checkbox"/>	_____

Name in Full		Date of Birth
_____	M <input type="checkbox"/>	_____
_____	F <input type="checkbox"/>	_____
_____	M <input type="checkbox"/>	_____
_____	F <input type="checkbox"/>	_____

Will volunteer to assist :    Bingo     Casino     Mall Displays     Other \_\_\_\_\_  
(please specify)

*I hereby authorize the Edmonton Police Service to make such investigations as may be deemed appropriate, and on the basis of such investigation for the Edmonton Neighbourhood Watch Program Society to indicate the approval or disapproval of this application.*

Signature: \_\_\_\_\_  
(Resident #1)

Signature: \_\_\_\_\_  
(Resident #2)

You will receive a written response to your application within 6 to 8 weeks.

Please mail your completed application to:  
Edmonton Neighbourhood Watch  
9620 103A Avenue, Edmonton, AB T5H 0H7  
Phone (780) 421-3428 Fax (780) 421-2341  
E-mail: watch@tera-byte.com  
Web: www.watch.edmonton.ab.ca

CPIC (for office use only)