



Alberta Provincial Rural Crime Watch Association
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MEMBERSHIP FORM

PLEASE PRINT

Official RCWA Name: _____ Zone # _____

Address (including postal code)

Phone : _____ Fax : _____

Email : _____

EXECUTIVE DIRECTORS OF YOUR ASSOCIATION

PRESIDENT: _____

Telephone: _____ Fax: _____ Email: _____

VICE PRESIDENT: _____

Telephone: _____ Fax: _____ Email: _____

SECRETARY: _____

Telephone: _____ Fax: _____ Email: _____

TREASURER: _____

Telephone: _____ Fax: _____ Email: _____

RCMP DETACHMENT: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

LIAISON OFFICER: _____

Telephone: _____ Fax: _____ Email: _____

FANOUT SOFTWARE _____

_____ **Payment enclosed** _____
Date Signature

Dues of **\$125.00** must be made to purchase supplies and to have voting privileges at the Annual General Meeting. The membership fee includes liability insurance for RCWA's with Alberta addresses only. A receipt will be issued for your payment. Thank you for your membership!

Information gathered on this form is considered to be private and confidential and used only by the Alberta Provincial Rural Crime Watch Association.