



ALBERTA PROVINCIAL RURAL CRIME WATCH ASSOCIATION



PO BOX 4520, Edmonton, Alberta T6E 4T7

Email: aprcwa@ruralcrimewatch.ab.ca Website: www.ruralcrimewatch.ab.ca

2019 MEMBERSHIP FORM

PLEASE PRINT

Official RCWA Name: _____

Zone # _____

Address (including postal code)

_____ # of Members _____

Phone: _____ Fax: _____ Email: _____

EXECUTIVE DIRECTORS OF YOUR ASSOCIATION

PRESIDENT: _____ Telephone: _____

Email: _____ Fax: _____

VICE PRESIDENT: _____ Telephone: _____

Email: _____ Fax: _____

SECRETARY: _____ Telephone: _____

Email: _____ Fax: _____

TREASURER: _____ Telephone: _____

Email: _____ Fax: _____

RCMP DETACHMENT: _____ Telephone: _____

Address: _____ Email: _____

LIASON OFFICER: _____

Telephone: _____ Fax: _____ Email: _____

*** Please include the following*****

- Copy of your Proof of Filing from Corporate Registries – showing you are a Non Profit in Good Standing
- 2019 APRCWA Membership Renewal Form – Completed and Signed as well as cheque payable to APRCWA
- APRCWA Membership Survey

NOTICE OF ACKNOWLEDGEMENT

As a Registered Charity we must meet our obligations to the recipients of our charitable activity, our volunteers, donors, general public as well as the legislative and regulatory obligations for the various levels of government.

- Our organization is a non-profit organization in good standing with Corporate Registries
 - Copy of Stamped Proof of Filing will be forwarded to the Alberta Provincial Rural Crime Watch Association
 - Our organization will ensure all printed, promotional materials, websites and all other social media sites will contain the Alberta Provincial Rural Crime Watch Association LOGO.
 - Our organization agrees to operate in accordance with the Alberta Provincial Rural Crime Watch Association’s vision, bylaws and mandates.
- Our organization acknowledges any and all activities will be done within the Alberta Provincial Rural Crime Watch Association’s obligations as a Registered Charity.**

Criminal Record Checks have been completed for all of our current Board of Directors - Signature: _____

DATE

SIGNATURE – President

Dues of **\$200.00** are payable on or before **August 1st** to ensure you have voting privileges at the Annual General Meeting. **NOTE:** Insurance Policies will not be renewed if dues are not received by August 1st. A Receipt will be issued for your payment. If you are purchasing the additional optional VFIS insurance please make your cheque payable with the \$200.00 Membership Dues plus the amount of the insurance you are opting to purchase. 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