

## Drumheller and District Rural Crime Watch Association P.O. Box 671, Drumheller, AB TOJ 0Y0

## **APPLICATION FOR MEMBERSHIP**\*Please print clearly\*

Applicant's Last Name		First Name:
Mailing Address:		Zone #:
Town:		Postal Code:
Home Phone:		Email Address:
Cell Phone:		Cell Phone Provider:
Legal Land Descript	ion (Range Road/Towns	hip Road):
County Address for	911 System:	
•		able to the Drumheller and District Rural Crime Watch Association with p: DDRCWA, P.O. Box 671, Drumheller, AB TOJ 0Y0
to be unsatisfactory terminated and the mathat in order to mainta	by the Association's Executive terial supplied to me by the ain the integrity of the program	th Drumheller and District Rural Crime Watch Association (DDRCWA) is found we and/or the Drumheller RCMP, for any reason, my membership will be Association, including my membership card will be surrendered. I understand am, Rural Crime Watch signs are for members of the Association only. I agree and notify DDRCWA when I am no longer the owner of the above mentioned
Applicant Signature		 Date
Preferred method for r	eceiving fan out messages fro	om DDRCWA (Choose one, two or all three):
Email	Phone	Text
order for us to contin obtain your express co	ue sharing information with nsent. We value your privacy your personal information	1, 2014 and will regulate the distribution of electronic communications. In you electronically the new law requires, in certain circumstances, that we and we take our obligations under the new legislation seriously. We confirm, including your email address, for the purposes you have consented to.
Signature		