



## MEMBERSHIP APPLICATION FORM

Office use only

REGISTRATION NO.

DATE OF REGISTRATION

1. Please use BLOCK LETTERS 2. Complete all boxes 3. Only one person per form 4. Use Black/ Blue ink only

### DETAILS OF APPLICANT

Title:  Given Name(s):  Family Name:

Other Names: (Including maiden or former name)  Preferred name:

Date of Birth:  City/ Country of Birth:

Drivers Licence number:

### CONTACT DETAILS

Current Residential Address: Street No. and Name:

Suburb:  Postcode:

Time at this Address:  Yrs  Mths

Previous address: (if at current address less than 12 mths)

Postal Address: Street No. and Name:

Suburb:  Postcode:

Phone: Home:  Work:  Mob:

Email:

- I declare that the above information is true and correct.
- I agree to abide by the [Constitution of ACT Neighbourhood Watch Assoc Inc](#), and the policies and regulations of the organisation.
- I agree to my contact details being provided to the appropriate Management personnel within ACT Neighbourhood Watch Association, ACT.
- I will advise the Membership Secretary should any of my details change.
- I acknowledge that, as the Neighbourhood Watch Program is a crime prevention program, it is necessary to screen applicants in order to assess their suitability to participate.

By ticking the two boxes below, I acknowledge that:

1. I have read and agree to the terms of membership.
2. I consent to ACT Policing conducting a check of its criminal and other records and providing the outcome of that check to the Membership Secretary of ACT Neighbourhood Watch Assoc Inc.

Date: \_\_\_\_\_

Email form to: [membershipsecretary@nhwact.com.au](mailto:membershipsecretary@nhwact.com.au)

OR

send to: Membership Secretary  
ACT Neighbourhood Watch  
Mailbox 3, Havelock House  
85 Northbourne Ave,  
TURNER, ACT, 2612