



MEMBERSHIP APPLICATION FORM

Office use only

REGISTRATION NO.

DATE OF REGISTRATION

Please Note:

1. * Mandatory Information. Write "N/A" if not applicable.
2. Please use BLOCK LETTERS

DETAILS OF APPLICANT (Only one person per form)

Title*:	<input type="text"/>	Given Name(s)*:	<input type="text"/>	Family Name*:	<input type="text"/>
Other Names*:	(Including maiden or former name) <input type="text"/>			Preferred name:	<input type="text"/>
Date of Birth*:	<input type="text"/>	City/ Country of Birth*:	<input type="text"/>		
(dd/mm/yyyy)					
Drivers Licence number*:	<input type="text"/>				

CONTACT DETAILS

Current Residential Address*:	Street No. and Name*:	<input type="text"/>			
	Suburb*:	<input type="text"/>	Postcode*:	<input type="text"/>	
	Time at this Address*:	<input type="text"/>	Yrs	<input type="text"/>	Mths
Previous address*:	(Only required if at current address less than 12 mths, otherwise write "N/A")				
	<input type="text"/>				
Postal Address: (If different to above)	Street No. and Name:	<input type="text"/>			
	Suburb:	<input type="text"/>	Postcode:	<input type="text"/>	
Phone*:	Home:	<input type="text"/>	Mob:	<input type="text"/>	
Email*:	<input type="text"/>				

- 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 in ACTNHW.
- 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.

Signature (Not required if form emailed)

Date*: _____

Email form to: membershipsecretary@nhwact.org.au

OR

mail to: Membership Secretary
ACT Neighbourhood Watch Assoc Inc
2 Grattan Ct
WANNIASSA, ACT, 2903