



MEMBERSHIP APPLICATION FORM

Office use only

REGISTRATION NO.

DATE OF REGISTRATION

Please Note:

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

DETAILS OF APPLICANT (Only one person per form)

Title*: Given Name(s)*: Family Name*:

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

Date of Birth*: City/ Country of Birth*:
(dd/mm/yyyy)

Drivers Licence number*:

CONTACT DETAILS

Current Residential Address*: Street No. and Name*:

Suburb*: Postcode*:

Time at this Address*: Yrs Mths

Previous address*: (Only required if at current address less than 12 mths, otherwise write "N/A")

Postal Address: (If different to above) Street No. and Name:

Suburb: Postcode:

Phone*: Home: 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 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:

- I have read and agree to the terms of membership.
- 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
Mailbox 23, Havelock House
85 Northbourne Ave,
TURNER, ACT, 2612