



# MEMBER APPLICATION FORM

MEMBERSHIP NO. Office Use only	
NHW Area (if known)	
Area Coordinator (if known)	

I wish to participate in the Neighbourhood Watch Program and agree to abide by the guidelines as nominated by the ACT Neighbourhood Watch Board of Management and the rules as described in the Association's Constitution (see [www.nhwact.com.au](http://www.nhwact.com.au)).

## DETAILS OF APPLICANT

1. Please use BLOCK LETTERS    2. Complete all boxes    3. Only one person per form

Mr/Mrs/Ms/Dr etc		Family/Surname			
Given Name(s)					
Other Names (including maiden or former name)					
First/Given Name you prefer to be known as					
DOB		Place of Birth (Town/Country)			
<b>ADDRESS:</b>	Street & number				
Suburb		Postcode			
Length of time at that address					
If less than 12 months, previous address					
Postal Address (if applicable)					
<b>TELEPHONE:</b> Home		Work		Mobile	
Email Address (for receiving information)					
Drivers License Number		Current / former occupation			

### Authority to check criminal history

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. Accordingly, I hereby authorize the Australian Federal Police to check its criminal records and other records in order to determine whether details of any convictions and/or other information are recorded against my name and to provide the results of that check to the Membership Secretary of ACT NHW Inc. and Area Co-ordinator.

Signed

Date



Please email/post form to:  
**Membership Secretary, ACT NHW**  
**GPO Box 1047, Canberra 2601**  
**Membershipsecretary@nhwact.com.au**

<b>AFP Use:</b>
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