



ACT Neighbourhood Watch

MEMBERSHIP APPLICATION FORM

OFFICE USE ONLY:

Membership No:
Date received:
NHW Area:
Area Coordinator:

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 in the Association's Constitution (refer www.nhwact.com.au).

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

Personal Details	Mr/Mrs/Ms/Dr etc		Family/Surname				
	Given Name(s)				Name you prefer to be known as		
	Other Names - including maiden or former name						
	Date of Birth				Place of Birth Town/Country		
Contact Details	ADDRESS:				Suburb		
	Number and Street				Postcode		
	Length of time at this address						
	If less than 12 months, previous address						
	Postal address (if applicable)						
	PHONE	Home		Work		Mobile	
	EMAIL: for receiving Neighbourhood Watch, police or local information.						
Driver's Licence Number:							

AUTHORITY FOR ACT POLICING CHECK

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 consent to ACT Policing conducting a check of its criminal records and other records and to providing the outcome of that check to the Membership Secretary of ACT Neighbourhood Watch Association Inc.

I agree to only my contact details being provided to the appropriate Area Coordinator or District Delegate once approval has been granted.

Sign _____

Date _____

Please forward form to: Membership Secretary **OR** email to: membershipsecretary@nhwact.com.au
 ACT Neighbourhood Watch
 GPO Box 1047, Canberra 2601