



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	Mob
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 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:
 ACT Neighbourhood Watch
 Mailbox 3, Havelock House.
 TURNER ACT 2612
membershipsecretary@nhwact.com.au