

Application for Crime Watch Membership

I, the undersigned, do hereby request that I be considered for membership in the Township Crime Watch.

Name _____

Address _____

Phone# _____ Date of Birth _____

Employer _____ Employer Phone # _____

Employer's Address _____

Social Security Number _____

PA Operator's License Number _____

License Suspensions if any _____

Information on vehicles owned

Vehicle #1 _____ Registration # _____

Vehicle #2 _____ Registration # _____

Vehicle #3 _____ Registration # _____

Insurance Company _____ Policy # _____

I hereby give permission for the Township Crime Watch, through the Pennsylvania State Police, to examine any and all criminal and motor vehicle records, to ascertain what charge, if any, have been brought against me.

I have read and do understand the rules and regulations and will abide by them and the By-Laws set down by the Association.

Signature _____ Date _____

OFFICIAL USE ONLY

Approved by: _____ Date _____