

Red Deer/Lacombe Rural Community Crime Watch Membership Application Form

RENEWAL

NEW

"PLEASE PRINT CLEARLY"

Name _____

Mailing Address _____

Town _____ Province _____ P. Code _____

Civic Address _____

Phone (Home) _____ Cell _____

E-Mail _____

CRIMINAL RECORD CHECK

The following information will be retained by the RCMP according to Privacy Legislation.
Criminal Records will not be released to any person or persons.

BIRTHDATE: Day _____ Month _____ Year _____

*With your signature below, you authorize the RCMP to make such investigation
of their records or any other investigation as deemed necessary
to either approve or disapprove this application.*

Signature _____ Date _____