



Leduc Rural Crime Watch Association Membership Application Form / Fan-out Maintenance Form

WORKING TOGETHER SINCE 1983 TO REPORT SUSPICIOUS ACTIVITY

LEDUC COUNTY

“Neighbors Helping Neighbors”

New Membership:

A new lifetime membership application must include a \$15 NON Refundable fee. Membership is NON transferrable and will be awarded at the discretion of the RCMP. **Successful applicants will receive a welcome package including signage and one year enrollment to the computerized fan-out system.** Other than the application fee, there are no additional costs or fees assessed to members.

Fan-out Maintenance Program: (Recommended for registered members)

To continue receiving crime watch fan-outs from our association, please enclose a maintenance fee of \$10 for one year or \$25 for three years. This optional program covers the phone/internet/web site costs to your association. You may renew or extend your enrollment at any time.

PLEASE MAKE CHEQUES PAYABLE TO "LEDUC RURAL CRIME WATCH". Cheques, membership applications and maintenance fees can be mailed or dropped off at:

Leduc Rural Crime Watch Association
c/o Leduc Protective Services Building
#1, 4119-50 street, Leduc Alberta, T9E 7L9

Email us at LeducRuralCrimeWatch@gmail.com

Please mark you envelope “New Membership” or “Fan-out renewal”

Please indicate if this is a new membership or a Fan-Out maintenance fee application / renewal/ info update

Please **PRINT** all information **CASH is not suggested** CHEQUE #: _____ Amount _____

ZONE # _____ (If Known) DIRECTOR: _____ (If Known) DATE: _____

Applicants Name: _____

Land Location: _____ City Town Farm Acreage

Mailing Address: _____ Postal Code _____

Gate / Municipal address (if different from mailing address); _____

Please indicate which communication method you wish used to be informed about criminal or suspicious activity in your area. (You may choose more than one method and multiple numbers, phone (home/cell), email and / or text.) (To receive text message, member must register their cell phone number with fan out provider, instructions will follow with your membership, **Note:** please wait for formal instructions)

Main Residential or cell Phone number for fan out messages _____

Cell phone # _____ (for text messages), Cell phone for calls # _____

E-mail _____ #2 _____
Primary email #2 email is optional if wanted

Additional phone numbers' and emails can be registered upon request

**** This completes the fan-out maintenance fee renewal and first part of the new member application.**

Please continue on page two for new member applicants only.

List ALL residents 18 years of age or older residing in the household

- 1) Name (First Middle Last) _____
 Male: ____ Female: ____ Maiden Name: _____ Birth date ____ - ____ - ____
 Occupation: _____ Drivers License # _____ (YEAR- MM- DD)
- 2) Name (First Middle Last) _____
 Male: ____ Female: ____ Maiden Name: _____ Birth date ____ - ____ - ____
 Occupation: _____ Drivers License # _____ (YEAR- MM- DD)
- 3) Name (First Middle Last) _____
 Male: ____ Female: ____ Maiden Name: _____ Birth date ____ - ____ - ____
 Occupation: _____ Drivers License # _____ (YEAR- MM- DD).
- 4) Name (First Middle Last) _____
 Male: ____ Female: ____ Maiden Name: _____ Birth date ____ - ____ - ____
 Occupation: _____ Drivers License # _____ (YEAR- MM- DD)
- 5) Name (First Middle Last) _____
 Male: ____ Female: ____ Maiden Name: _____ Birth date ____ - ____ - ____
 Occupation: _____ Drivers License # _____ (YEAR- MM- DD)
- 6) Name (First Middle Last) _____
 Male: ____ Female: ____ Maiden Name: _____ Birth date ____ - ____ - ____
 Occupation: _____ Drivers License # _____ (YEAR- MM- DD)

I hereby authorize Leduc Rural Crime Watch Association and the R.C.M.P. to determine the success of my application. I also agree that should my participation with Rural Crime Watch be found unsatisfactory by the Association and/or R.C.M.P. for cause, my membership will be terminated and material supplied as a member, including my identification card, will be surrendered to the RC.M.P.

Signature of Residents: **(Please ensure all members over 18, of your household have signed below)**

- #1) _____ #3) _____
 #2) _____ #4) _____
 #5) _____ #6) _____

FOR POLICE USE ONLY BELOW THIS LINE:

	WANTED?		C.R.?		PIRS HITS?	
#1)	Y	N	Y	N	Y	N
#2)	Y	N	Y	N	Y	N
#3)	Y	N	Y	N	Y	N
#4)	Y	N	Y	N	Y	N
#5)	Y	N	Y	N	Y	N
#6)	Y	N	Y	N	Y	N

R.C.M.P. approved _____ FEE PROCESSED BY: _____ MEMBER # _____
 PROCESSED BY: _____ POSTED Tricom BY: _____ POSTED Fan out BY: _____