



# Smoky Lake County Rural Crime Watch Association



Mail to: PO Box 784  
Smoky Lake, Alberta  
T0A 3C0

Membership Cost: \$20.00

Payment:  Cash  Chq # \_\_\_\_\_

## Application Form

Family Name: \_\_\_\_\_

First Name(s) & Initial(s): \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Date of Birth(s) (DD/MM/YY) \_\_\_\_\_ Spouse: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Legal Land Location/Address: \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Div #: \_\_\_\_\_

Email: \_\_\_\_\_

### Skills/Equipment you could Volunteer:

First Aid  Yes  No CPR  Yes  No

Fundraising  Yes  No Computer Skills  Yes  No

Fire-fighting  Yes  No Boat  Yes  No

Skidoos  Yes  No Quads  Yes  No

Other  Yes \_\_\_\_\_

I understand and agree that the Smoky Lake RCMP may conduct inquiries with regard to possible criminal record and association with criminal activities and that the outcome of these inquiries may be released to the President of the RCWA in confidence. I further understand that should such inquiries indicate a risk for the activities of the RCWA and/or the operations of our law enforcement partners that my application will not be accepted.

Signed \_\_\_\_\_

Witnessed: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only	
Police Clearance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Membership #	_____
Date Approved:	_____