

White Sands Rural Crime Watch Association

Application for Membership

Crime Watch Group: White Sands Rural Crime Watch Society

Applicant's Name: _____

Telephone #: _____

Date of Birth: _____
 Month Day Year

Mailing Address: _____

City: _____, AB Postal Code: _____

Email: _____

Legal Description of White Sands Property: _____

Other Residents over Age 12 living in the household:

Surname	Given Name	Birthdate (month/day/year)
---------	------------	-------------------------------

Surname	Given Name	Birthdate (month/day/year)
---------	------------	-------------------------------

Surname	Given Name	Birthdate (month/day/year)
---------	------------	-------------------------------

Surname	Given Name	Birthdate (month/day/year)
---------	------------	-------------------------------

Proof of Alberta Residency:

Alberta Drivers License Number *or* Alberta Health Care Number *or* Legal Guardian's Signature

Outstanding Criminal Charges: ___No ___Yes

Submit Application via email to: whitesandscrimewatch@gmail.com

or mail to: Village of White Sands, Box 119, Stettler, AB T0C 2L0