



Web Site - www.corunnapolicing.ca



CORUNNA COMMUNITY POLICING COMMITTEE "MEMBERSHIP APPLICATION"

Date: _____

Name (Mr. Mrs. Miss) : _____ Date of Birth: _____

ADDRESS: _____ CITY/TOWN _____

POSTAL CODE: _____ PHONE NUMBER: _____

E-MAIL ADDRESS: _____

ANY ADDITIONAL INFORMATION PLEASE USE REVERSE SIDE OF THIS FORM

Would you like to have a CCpC member contact you for more information? _____

Would you like a member of the Corunna Office O.P.P. to contact you for more information? _____

DISCLAIMER OF LIABILITY:

Every effort is made to ensure the accuracy of the information however, the Corunna Community Policing Committee and the Ontario Provincial Police assumes no responsibility for the use of information available and does NOT guarantee the accuracy or completeness of any information.

A **CRIMINAL RECORD CHECK** completed by the local Corunna O.P.P. office must accompany this application. Please attend the local Corunna O.P.P. office to obtain a volunteer criminal records check at your own cost.

SIGNATURE of APPLICANT: _____



Corunna Community Policing Committee
P.O. Box 374
Corunna ON N0N 1G0
E-mail - ccpolice@pearson.on.ca