



CCpC



Corunna Community Policing Committee

P.O. Box 374

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APPLICATION FOR MEMBERSHIP IN ST. CLAIR TOWNSHIP NEIGHBOURHOOD WATCH

I am interested in NEIGHBOURHOOD WATCH and wish to be a: (Please check off one or more)

____ - Member ____ - Area Coordinator ____ - Block Captain

NEIGHBOURHOOD WATCH AREA (Please Print)

NAME: _____ SPOUSE: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

E-mail Address: _____

I will require _____ stickers for my residence.

COMMENTS:

FOR USE OF COORDINATOR and BLOCK CAPTAINS ONLY

Date Received: _____, 20____

Registered and Passed to Block Captain: _____