



NEIGHBOURHOOD WATCH NEW SOUTH WALES INCORPORATED

MEMBERSHIP APPLICATION FORM

1. Please use BLOCK LETTERS 2. Complete all Boxes 3. Only one person per form 4. Use only Black/Blue ink

Affiliated Group Name:

Details of Applicant

Title: Given Name (s): Surname:

Preferred Name: Date Of Birth:

Contact Details

Residential Address: Street No. and Name:
Suburb: Postcode:

Postal address: Street No. and Name:
If different to above
Suburb: Postcode:

Phone: Home: Mobile:

Email:

- I declare that the above information is true and correct
- I agree to abide by the Constitution of NHW NSW INC and the policies and guidelines of the Organisation
- I agree to my contact details being provided to the appropriate management personnel within NHW NSW INC
- I will advise the membership secretary should any detail change
- I acknowledge that, as the Neighbourhood Watch Program is a crime prevention program, it is necessary to screen applicants in order to assess their suitability to participate.
- I acknowledge that in order to hold certain positions it is necessary to undergo a national police check and agree to provide additional information if so required.

By ticking the two boxes below, I acknowledge that:

1. I have read and agree to the terms of membership
2. I consent to NHW NSW conducting a national police check if so required. Date:

Registration No: Office use only
Registration date:

Email form to admin@nhwnsw.org.au
OR Hand in to the secretary of your local Group.