Amity Township Crime Watch Inc.
2004 Weavertown Road
Douglassville, PA 19518
www.amitytwpcrimewatch.org

APPLICATION FOR MEMBERSHIP

NAME: _____
Last First Middle

ADDRESS: _____
Street Address

_____
City State Zip

DATE OF BIRTH: _____

TELEPHONE: _____

E- MAIL ADDRESS: _____

PA OPERATORS LICENSE NUMBERL (OLN) - _____

REGULAR: (Minimum 18 yrs. Of age) _____

JUNIOR: (Minimum 8 yrs. Of age) _____

PLEASE EXPLAIN WHY YOU ARE INTERESTED IN JOINING THE AMITY TOWNSHIP CRIME WATCH?

_____

_____

WOULD YOU BE INTERESTED IN VOLUNTEERING YOUR TIME TO PATROL THE TOWNSHIP WHEN NEEDED?
_____ YES/NO, IF YOU SAID YES, HOW OFTEN WOULD YOU BE WILLING TO VOLUNTEER YOUR TIME?
_____ (WEEK, MONTH, ETC…) (MUST BE 18 YRS. OR OLDER WITH A VALID PA DRIVER'S LICENSE).

THIS APPLICATION WILL BE SUBMITTED TO THE AMITY TOWNSHIP POLICE DEPARTMENT FOR FINAL REVIEW.

_____ _____
SIGNATURE DATE

☐ OFFICIAL USE ONLY: APPROVED BY: DATE: / /

Revised 04/02/06

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