



**TAKE A BITE OUT OF
CRIME®**

Amity Township Crime Watch Inc.

2004 Weavertown Road
Douglassville, PA 19518

APPLICATION FOR MEMBERSHIP

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street Address)

(City) (State) (Zip)

TELEPHONE: _____ () _____

E-MAIL ADDRESS: _____

REGULAR (Minimum 18 yrs. of age): _____

JUNIOR (Minimum 8 yrs. of age): _____

DATE OF BIRTH: _____ / _____ / _____

PENNSYLVANIA OPERATORS LICENSE NUMBER: _____

I AM INTERESTED IN THE FOLLOWING:

Please Check All That Apply:

PATROL: _____ NEWS LETTER: _____

ALTERNATE: _____

This application will be submitted to the Amity Township Police Department for a final review.

(Signature)

(Date)

| | |
|--------------------|----------------------|
| Official Use Only | |
| Approved By: _____ | Date: ____/____/____ |