



COCHRANE FOOTHILLS PROTECTIVE ASSOCIATION
RURAL CRIME WATCH



Membership Application

LAST NAME: _____ FIRST NAME: _____

MIDDLE NAME: _____

SPOUSES SURNAME: _____ FIRST NAME: _____

MIDDLE NAME: _____

MAILING ADDRESS: _____ POSTAL CODE: _____

TOWN/CITY: _____

MUNICIPAL/ EMERGENCY ADDRESS: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____

COMMUNICATION with members is mainly by Email, please provide email address.

The CFPA adheres to Canadian Privacy laws with regard to email and all other personal information contained on this form.

The CFPA also adheres to Canadian anti-spam laws with regard to usage of Members email.

Member information may be shared with Cochrane R.C.M.P. in relation to Rural Crime Watch activities.

Member information will never be sold or otherwise shared with any other third party without direct Member consent.

The Board of Directors of the Society has the discretion to approve or deny any application for membership.

I understand that in order to maintain the integrity of the program, Rural Crime Watch signs are for members of the Association only. I agree to remove all Rural Crime Watch Signs from my property and notify CFPA when I am no longer the owner of the above property or no longer want to be a Member of CFPA.

Signature of Applicant: _____ **Date:** _____

**NOTE: Please return completed application form by
return email to info@cfparcw.ca or by mail
to: Cochrane Foothills Protective
Association PO Box 603 STN MAIN
Cochrane AB T4C 1A7**

Free Membership for 2024 (for Jan 1 – Dec 31 fiscal period)
Please direct any Membership inquiries to info@cfparcw.ca

OFFICE USE ONLY
Membership Number _____ Zone _____