



## MERCHANT MEMBERSHIP APPLICATION

Dues: \$15 / 1 year    \$25 / 2 years     New     Renewal

### BUSINESS INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Pembroke Pines, FL 33\_\_\_\_  
Shopping Center: \_\_\_\_\_  
Office #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
E-mail: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_  
Web Site: \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_

### CONTACT (Owner/Manager) INFORMATION

Name: \_\_\_\_\_  
Tel. No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Mobile #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Pager #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### ALARM COMPANY INFORMATION

Name: \_\_\_\_\_  
Tel. No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### VOLUNTEER MERCHANT DISCOUNT PROGRAM

I will / will not (circle one) participate in the Volunteer Merchant Discount Program by offering a 15% discount or more off the cost of goods or services to any Crime Watch member who presents his/her current membership card to me or one of my employees.

I understand that a list of all the Merchants who participate in this program will be printed in each bimonthly issue of the city's newsletter, *Inside News*.

### CRIME WATCH DECAL

I agree to remove the Crime Watch decal if I do not renew my annual membership.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title / Position

\_\_\_\_\_  
Date

Print a copy of this application, complete the form, and mail it with the appropriate amount of dues to:

Crime Watch, 501 NW 103 Avenue, Pembroke Pines, FL 33026-3924  
Office: 954-435-6528    Fax: 954-431-2855    E-mail: CrimeWatch@bellsouth.net

**Protect Our Pines, Report All Crimes**