

# RESIDENT MEMBERSHIP APPLICATION



OFFICE USE ONLY: ZONE \_\_\_\_\_ RA \_\_\_\_\_ BLOCK \_\_\_\_\_ PPZ \_\_\_\_\_ ID# \_\_\_\_\_

## RESIDENT APPLICATION for MEMBERSHIP

**PLEASE CHECK THE APPROPRIATE BOXES:**

NEW

RENEWAL

1 YEAR (\$5)

3 YEARS (\$10)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_ BLDG: \_\_\_\_\_

CITY: PEMBROKE PINES ZIP +4: 33 + \_\_\_\_\_

DEVELOPMENT: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

TELEPHONE NUMBERS:

HOME: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ WORK: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ PAGER: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

MOBILE: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ FAX: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ OTHER: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

E-MAIL: \_\_\_\_\_@\_\_\_\_\_.

**(CRIME WATCH WILL NOT SHARE THIS E-MAIL ANYONE. WE RESPECT YOUR PRIVACY.)**

EMERGENCY CONTACT: Please fill in below with the name and telephone number of someone who either has a key to your home or knows where you can be reached:

NAME: \_\_\_\_\_ LOCAL TEL. NO.: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

WILL YOU VOLUNTEER TO BECOME A **BLOCK CAPTAIN**?: Yes \_\_\_\_\_ No \_\_\_\_\_

Mail w/ check to: CRIME WATCH, 501 NW 103 AVE, PEMBROKE PINES, FL 33026-3924

Office: 954-435-6528

Fax: 954-431-2855

E-mail: [CrimeWatch@bellsouth.net](mailto:CrimeWatch@bellsouth.net)

**Protect Our Pines, Report All Crimes**