

NORTH CAROLINA COMMUNITY WATCH ASSOCIATION



MEMBERSHIP APPLICATION AND RENEWAL FORM

PLEASE PRINT INFORMATION:

Name: _____

Address: _____

City: _____ County: _____ Zip: _____

Telephone:

Work: (____) _____ Home: (____) _____

Cell: (____) _____ E-mail: _____

Community Watch/Organization: _____

For Organization Memberships Only:

Contact Name for C/W or Organization: _____

Contact Person's Address: _____

I prefer to receive information about upcoming events by:

Email US Mail both

Membership: January 1 – December 31 = membership year

Dues paid prior to October 1 will be for the current calendar year.

Individual = \$5 per year

Organization (1 year) = \$15

Please return your completed application and dues to:

**Ms. Shawn Braswell, Secretary/Treasurer
North Carolina Community Watch Association
Post Office Box 13886
Greensboro, North Carolina 27415**

For NCCWA Secretary/Treasurer Use Only:

Membership Type: Individual Organization Renewal

Membership Year(s): _____

Dues Received: _____

Date presented to Membership: _____