

COCHRANE FOOTHILLS PROTECTIVE ASSOCIATION

RURAL CRIME WATCH



Business Membership Application

BUSINESS NAME _____

BUSINESS OWNER/MANAGER: _____

MAILING ADDRESS: _____

MUNICIPAL ADDRESS: (if different from above) _____

CITY/TOWN _____ POSTAL CODE: _____

PHONE NUMBER: _____

BUSINESS EMAIL ADDRESS: _____

CONTACT NAME: _____ PHONE NUMBER: _____

EMAIL ADDRESS*: _____

CONTACT NAME: _____ PHONE NUMBER: _____

EMAIL ADDRESS*: _____

*** COMMUNICATION with members is mainly by email, please ensure you provide your contact 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 _____