

NORTH CAROLINA COMMUNITY WATCH ASSOCIATION



MEMBERSHIP FORM ORGANIZATION

Please check the appropriate box: New Renewal

PLEASE PRINT INFORMATION:

Date: _____

Community Watch/Organization: _____

Address: _____

City: _____ County: _____ Zip: _____

E-mail: _____

Contact Name: _____

Address: _____

E-mail: _____

Phone (please include area code): _____

Please return your completed application and \$ 15 dues to:

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

Membership: January 1 – December 31 = membership year
Dues paid prior to October 1 will be for the current calendar year.

FOR NCCWA SECRETARY/TREASURER USE ONLY:

DUES RECEIVED: _____ **RECEIPT:** _____ **MEMBERSHIP YEAR:** _____

NEW MEMBERS: DATE PRESENTED TO MEMBERSHIP: _____