



OKOTOKS AREA RANGE PATROL AND CRIME WATCH ASSOCIATION

In Cooperation with the R.C.M.P.
Farmer's Advocate, Alberta Cattle Commission,
Alberta Justice, and Natural Resources (Fish and Wildlife)



Date: _____

Surname: _____

Birth Date (YY/MM/DD): _____ / _____ / _____

Given Names (all): _____

Place of Birth: _____

Maiden Name (if applicable): _____

*** Please provide photocopy of 2 pieces of ID***

Driver's License No.: _____

Province: _____

Occupation: _____

Employer: _____

Surname: _____

Birth Date (YY/MM/DD): _____ / _____ / _____

Given Names (all): _____

Place of Birth: _____

Maiden Name (if applicable): _____

*** Please provide photocopy of 2 pieces of ID***

Driver's License No.: _____

Province: _____

Occupation: _____

Employer: _____

Mailing Address: _____ / _____ / _____
Box Info City/Province Postal Code

Legal Location: LSD ____ SEC ____ TWP ____ RGE ____ W ____ M **PLUS** Street: ____ Ave: ____

Phone: Res: _____ Bus: _____ Cellular: _____

E-mail address: _____ Fax: _____

CB.Radio Call Name and No., D.O.C. No., or Mobile Telephone No.: (circle) _____

Which of the following modes of transportation would be available for search and rescue capabilities? (check all)

- | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> 4 X 4 truck | <input type="checkbox"/> Snowmobile | <input type="checkbox"/> Boat |
| <input type="checkbox"/> ATV/Quad | <input type="checkbox"/> Motorbike | <input type="checkbox"/> Argo |
| <input type="checkbox"/> Horse | <input type="checkbox"/> Plane | <input type="checkbox"/> Ultra-Light |

Are you trained in search and rescue? YES NO

Would you be willing to assist in a foot search? YES NO

Do you have valid, basic first aid? YES NO

Do you have valid CPR first aid? YES NO

N.B. This application will be submitted to the R.C.M.P. for verification and final approval. Your signature(s) authorizes verification of this application by the R.C.M.P. All information obtained herein is held strictly confidential under PIPEDA regulation. I agree my membership in Okotoks Area Range Patrol and Crime Watch Association is contingent on adhering to the organization's fundamentals and bylaws as laid out with the intent of assisting the community under the direction of the R.C.M.P. with its efforts of Rural Crime Watch.

SIGNATURE (S): _____

***Please read carefully, fill in all blanks, and provide a photocopy of TWO pieces of identification:**

1) Valid Driver's License PLUS 2) Passport OR birth certificate

Don't forget to sign before mailing.

Please send initial membership fee of \$15 by cheque made payable to:

**Okotoks Area Range Patrol
Box 670, Okotoks, AB. T1S 1A8**

Initial Membership Fee: \$15.00

Annual Membership Renewal Fee: \$10.00

PLEASE ALLOW 4-6 WEEKS FOR PROCESSING

For Police Use Only

Approval Date: _____

Approved By: _____

For Association Use Only

Processed By: _____

Date: _____ *Zone:* _____

Database Updated: _____

Autodialer Updated: _____

Welcome Package: _____

Contact Number: 938-7431

Last revision 2006 (web site)