



Phoenix Block Watch Advisory Board

In Partnership with the Phoenix Police Department

P O Box 83826, Phoenix, AZ 85071

PBWAB MEMBERSHIP APPLICATION

First Name: _____ Last Name: _____

Address: _____

City: _____ AZ Zip: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____ Spouse Name: _____

Which precinct do you reside in?

- Black Mountain (200)
 South Mountain (400)
 Central City (500)
 Desert Horizon (600)
 Mountain View (700)
 Maryvale/Estrella Mountain (800)
 Cactus Park (900)

Occupation: _____

How did you hear about the Phoenix Block Watch Advisory Board? _____

Are you currently involved in a Neighborhood Organization and/or Block Watch? Yes No

If yes, please provide the name of the organization and your level of involvement: (For your Block Watch or other activity)

I'd like to be considered for a Director position in my precinct.

Signature: _____ Date: _____

Please keep a copy of this application and complete the following information:

An eligible candidate for membership has attended 3 or more PBWAB meetings or events in the past 13 months.

<p>Dates of most recent three meetings attended:</p> <p>_____</p> <p>_____</p> <p>_____</p>

<p>Circle T-Shirt Size:</p> <p>S M L XL XXL</p> <p>OR</p> <p>PBWAB Green Mug</p>
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<p>For Official Use Only!</p> <p>Approval Date:</p>
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The information you provide is for PBWAB Board use only and will not be released for public record.