

# Fork Shoals Community Watch

## Member Information Form

Dear prospective FSCW member:

At Fork Shoals Community Watch (FSCW), we take security very seriously. After all, pushing back against the criminal elements in our community is the major reason why our group was formed. To that end, we ask that you please fill out the following information sheet before we allow you access to some of the more sensitive information, such as that which is contained in our emails or Facebook group. This is to help prevent people with ties to the criminal elements in our community from accessing sensitive information shared among our members. We hope you can understand our desire to protect our community. Please complete this form and turn in at one of our monthly meetings. To find out when our next meeting is, please contact us at [ForkShoalsCW@gmail.com](mailto:ForkShoalsCW@gmail.com).

Name: \_\_\_\_\_ Year of birth: \_\_\_\_\_

Spouse: \_\_\_\_\_ Year of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If less than 2 years at this address, please provide previous address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones - Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

**(Please print clearly)**

• Preferred method of notifications (area alerts, meeting notices, etc):  Email  Phone  No notifications  
(If family members wish to be notified separately, a form must be filled out by each family member.)

• How did you learn about FSCW? \_\_\_\_\_

• If you have a Facebook account, would you wish to join our closed discussion group?  Yes  No  
(If yes, you will be invited using the email address provided above. If family members wish to join our Facebook group under two separate accounts, a form must be filled out by each family member.)

• Would you consider serving as a road captain?  Yes  No

By signing below, you agree that the above information is true and correct and that you will not share any information obtained from our meetings, emails, and/or Facebook group with anyone outside the group or with known criminals.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Completed forms should be hand delivered at any meeting. If you are unable to attend a meeting due to schedule conflicts, a scanned copy of this completed form may be emailed to [ForkShoalsCW@gmail.com](mailto:ForkShoalsCW@gmail.com).

For FSCW coordinator use only:

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Entered: \_\_\_\_\_

Form ver. 08-11-2015