

# Anchorage Coalition of Community Patrols

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## Membership Application

General [ active Patrol member with voting rights ]

Associate [ non-voting member ]

Patrol: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
                    First                                      M.I.                                      Last

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

City: \_\_\_\_\_ State: Alaska

Phone: Hm. \_\_\_\_\_ Cell \_\_\_\_\_

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

Recommended by: \_\_\_\_\_

Background check: Agency \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to support the mission and goals of the Coalition. I assume full liability for my actions during Patrol duties and Coalition events. All my time is on a volunteer basis and no financial compensation is expected.

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_