



Wilkes - Barre

Crime • Watch • Coalition

Phone 570-208-8900

www.wbcrimewatch.org

Wilkes-Barre Police Department Crime Prevention Office (570) 208-4191

Wilkes-Barre Crime Watch Coalition Membership Form

As a member, you are a part of an organization dedicated to:

- The prevention of crime
- Providing a greater awareness of crime
- Reporting suspicious activities
- Provide a network through which police can collect information on crime

I hereby agree to follow the Rules of Conduct as established by the Wilkes-Barre Crime Watch Coalition (a copy of which is supplied as a part of the initial membership application.). **Failure to comply with the rules of conduct will result in termination of membership.**

I also agree to follow the Coalition bylaws which state that:

A. The name of Wilkes-Barre Crime Watch Coalition will not be used to promote a concern or interest unless approved by a majority vote of the officers.

B. The name of any members of the Wilkes-Barre Crime Watch Coalition will not be used in their official capacity to promote a concern or interest unless approved by the member and by a majority vote of the officers.

C. The organization may cooperate with other organizations and agencies concerned with crime prevention but persons representing the organization in such matters shall make no commitments that bind the organization unless previously approved by a majority vote of the officers.

D. Any materials or equipment provided by the City of Wilkes-Barre will remain the property of the City of Wilkes-Barre. All materials or equipment must be returned to the Coalition should any member end their association with the Coalition.

E. Misuse, misrepresentation or defacing of materials or equipment provided by the City of Wilkes-Barre is strictly prohibited. The Coalition reserves the right to demand return of materials or equipment.

F. Membership in the organization shall be made available to residents of the City of Wilkes-Barre without regard to age, race, sex, color, creed or national origin.

Name: _____

Address: _____

Phone: _____

**Local
Crime
Watch:** _____

Membership # _____

To be completed by WBCW Coalition Secretary

I AGREE TO ABIDE BY THE RULES OF CONDUCT AND THE BYLAWS OF THE WILKES-BARRE CRIME WATCH COALITION.

Signature

Date

This form is to be filled out and handed in at any of your local Crime Watch meetings.

Membership cost is \$1