

PAULSBORO NEIGHBORHOOD WATCH ASSN, INC.

APPLICATION FOR MEMBERSHIP

(Please print clearly)

Name: _____

Address: _____

Home Phone No.: _____

Cell Phone No.: _____

Email Address: _____

Work Place: _____

Work Phone No.: _____

Your signature

Date

If you are interested in becoming a Paulsboro Neighborhood Watch member, please complete the above information and return to any scheduled PNWA meeting or call Barry at 423-7716.

Paulsboro Neighborhood Watch meetings are conducted each 3rd Thursday of the month at the St. James Episcopal Church on N. Commerce St. at 7:00 pm.

Thank you for your interest and we hope to see you at the next meeting!

Membership Requirements:

1. Must be 18 years of age or older
2. Must be a Paulsboro resident
3. Must be approved by the Paulsboro Neighborhood Watch membership committee
4. Annual dues required with completed membership application
5. Completion and signing of Waiver

**PAULSBORO NEIGHBORHOOD WATCH ASSOCIATION, INC.
WAIVER AND ASSUMPTION OF RISK**

I, _____, member of the Paulsboro Neighborhood Watch Association, Inc. voluntarily sign this Waiver and Assumption of Risk in favor of the Paulsboro Neighborhood Watch Assn., Inc. (organization) in consideration for the opportunity to receive instruction from the organization or the organization's assigned instructors and/or to engage in the voluntary activities sponsored by the organization, including but not limited to:

- ◆ National Night Out
- ◆ PNWA Street and Bicycle Patrols
- ◆ PNWA Reach Out Campaign
- ◆ PNWA Street Clean Ups
- ◆ PNWA Welcoming Committee
- ◆ PNWA Monthly Membership Meetings
- ◆ Fourth of July Parade
- ◆ Paulsboro Day
- ◆ Back-to-School Nights

I understand that there are certain risks and dangers associated with the voluntary activities, including use of facilities, which were fully explained to me. I fully understand the danger involved.

I fully assume the risks involved as acceptable to me and I agree to use my best judgment in undertaking these voluntary activities and follow all safety instructions.

I waive and release the Paulsboro Neighborhood Watch Assn, Inc., and its Executive Board, from any claim for personal injury or property damage that may arise from my use of the facilities or from my participation in the voluntary activities or instruction.

I am a competent adult, aged _____, and I assume these risks of my own free will.

Dated: _____, 20 ____

Signature of Member

Printed Name of Member

Address of Member

Paulsboro, New Jersey
City and State of Member

June 2006