



COMMUNITY PATROLS
OF
NEW ZEALAND

CPNZ ID Card application form

MEMBERSHIP PROFILE

Surname		1st name		Known as	
Birth date		Gender		D/Lic No	
Work #		Home #		Mobile #	
Address			Suburb		
City			Post Code		
Email					
Skills	ie. First Aider, Mediator etc.				

PATROL PROFILE

Patrol Name					
Call Sign			Coordinator		
Cellular			Location		
District			Station		

POLICE LIAISON OFFICER

Rank			Name		
Address 1			Address 2		
Town/City			Email		

IDENTITY CARD NUMBER

Card Number	
Issue Date	
Signature	

(NAME)
COMMUNITY PATROL

MEMBER PHOTOGRAPH

Email to: database@cpnz.org.nz Subject: **Community Patrol
Identification Card**
Attn: Database Administrator

Privacy Statement: Refer to Community Patrol of New Zealand DATABASE ACCESS PROTOCOLS