

**COMMUNITY PATROLS OF NEW ZEALAND**

**APPLICATION FOR AFFILIATION**

|  |  |
| --- | --- |
| Date of Application |   |
| Proposed Patrol Name |   |
| No of initial interested Patrollers |   |
| Police District |  |
| Police Station |   |
| CPNZ District Representative |  |

Primary Contact Person

|  |  |
| --- | --- |
| Name |  |
| Address: |  |
| Town/City: |  | Post Code |  |
| Primary Contact number |  |
| Email |  |

Police Liaison Officer

|  |  |
| --- | --- |
| Name |  |
| Station: |  |
| Rank: |  |
| Phone  |  |
| QID |  |
| Email |  |

**Post to : CPNZ, Post box 3017, Wellington 6140**

**or**

**Email to:** **office@cpnz.org.n**z