A picture containing clipart

Description automatically generated

**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**](mailto:office@cpnz.org.nz)z