



Estacada Community Watch
PO BOX 840
Estacada, OR 97023
503-272-9500 ext.101

Membership Application

Estacada Community Watch Program

First & Last Name: _____

Phone: _____

Email Address: _____

Street Address: _____

City: _____

Have you attended AN ECW event: YES NO When: _____

What is the purpose of ECW:

By signing this application you agree that you will attend at minimum, one event every 60 days to keep your membership active. You also agree that when participating as a member for ECW events, you will do your best to represent ECW in a standup and respectable manner.

Signature

Date