

TOWN/CITY APPLICATION TO JOIN

| Date of Application: | | | |
|--|---------------------------|------------------------|--------------|
| | | | |
| Name of Organization: | | | |
| Address: | | | |
| City/State/Zip: | | | |
| Telephone Numbers: (w) | (c): | (fax): | |
| Email Address: | | | |
| Please state your reason for applicat | tion of interest to the C | Concord Regional Crime | line Board: |
| | | | |
| | | | |
| What do you believe you and your | organization can bring | to our Board? | |
| What do you believe our Board can | offer you? | | |
| | | | |
| Are you willing, and/or your represe and be available to our Board upon | | • | consistently |
| | | | |

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| • | year. Are you willing and/or your representative to do our Board in making this a successful event? (That may mean m, etc.) | |
|---|---|--|
| Do you have the support of your to explain. | own/city officials and taxpayers to join our Board? Please | |
| How much support do you believe | you will seek from our Board regarding crime in your area? | |
| Do you believe, if the need arose, y | your town/city would give our Board monetary support? | |
| If the need arose, do you believe the events? Please explain. | nat your town/city would support our Board in fundraising | |
| If a disaster occurred, how would y | you and your town/city support our efforts? | |
| Is there any other information that | you feel would be pertinent to share with our Board? | |
| Signature/Title | Date | |
| Mail completed application to: | Concord Regional Crimeline c/o Concord Police Department 35 Green Street Concord, NH 03301 | |