



# Clearing Night Force Watch Group

## Membership Application



Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Chicago, IL 60638

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Male ( ) Female ( ) Weight \_\_\_\_\_ lbs Height \_\_\_\_\_ft\_\_\_\_\_ in Color eyes \_\_\_\_\_ Color Hair \_\_\_\_\_

Illinois Drivers License #/State ID \_\_\_\_\_ Exp date \_\_\_\_\_

Vehicle year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Do you have any driving restrictions? \_\_\_\_\_ If yes, please list \_\_\_\_\_

In case of an emergency, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

Medical condition (s) that the organization should be aware of:

\_\_\_\_\_

All applicants are subject to a background check by the Chicago Police Department.

Member's signature \_\_\_\_\_

Comments: \_\_\_\_\_

Copy of valid driver's license \_\_\_\_\_ Copy of insurance card \_\_\_\_\_