



Bunbury Safer Community Network

Registration Form

Area Coordinator

To represent your community's needs, ideas and liaises with 'Safer Community Network' representatives in order to bring action and disperse information to street coordinators.

Street Coordinator

To represent your street, recruit new members into the 'Safer Community Network', liaise with Area Coordinators and act as a conduit for information to participants.

Participant Only

To receive news and information on a variety of community safety and emergency topics and liaise with your street coordinator on current trends and needs.

Please tick the appropriate box. Safer Community members must be over 18 years of age.

Surname: _____

First Name: _____

Residential Address: _____

Phone Number: _____

Email: _____

Preferred form of communication?

Phone

Email

Hard Copy

Street and area coordinators please provide:

Motor Vehicle and Drivers Licence No: _____

Date of Birth: _____

I consent to any of the above details being checked by the WA Police Force for the purposes of the Safer Community Network.

What current information do you perceive your community to need?

Security and Community Safety

Fire

Flood

Storm

Health

Other _____

Please return to

Safer Community Network

PO BOX 21

Bunbury WA 6231

Or records@bunbury.wa.gov.au