## APPLICATION FOR WAUPACA COUNTY CRIME STOPPERS

| NAME:           |                                   |                  |                           |
|-----------------|-----------------------------------|------------------|---------------------------|
|                 | Last                              | First            | M.I.                      |
| ADDRESS:        |                                   |                  |                           |
| Street /Road    |                                   |                  | City / Town               |
| DATE OF BIRTH   | <del>-</del>                      |                  |                           |
|                 | Month                             | Day              | Year                      |
| PHONE:          |                                   | E-MAIL:          |                           |
| How did you h   | ear about Waup                    | aca County Crim  | e Stoppers?               |
| -               | ave 10 meetings<br>to attend most | •                | awa. Do you think you<br> |
| Tell us about v | ourself and why                   | vou are interest | ed in Crime Stoppers.     |

Please return to: Bernie Kocher

E205 North Rollofson Lake Road Scandinavia, Wisconsin 54977