



Registration form

You can join Neighbourhood Support Cambridge by:
REGISTERING ONLINE at www.safercambridge.co.nz
OR SUBMITTING THIS FORM

ADDRESS: _____

RESIDENT 1: _____

(First and surname please)

MOBILE 1: _____

RESIDENT 2: _____

(First and surname please)

MOBILE 2: _____

HOME PH: _____

WORK PH: _____

EMAIL ADDRESS: _____

(Just one required)

OCCUPATION: _____

(if happy to disclose this)

Please note – we do not share your personal contact information with any third parties other than the other members of your group. In the event of a major criminal or civil emergency your contact details may be passed onto Police or Civil Defence in order for them to make contact and provide you with advice or to check on your wellbeing.

The following details are important as we may need another contact in an emergency situation.

The contact *must not be* someone who lives in your group area but it needs to be someone who knows you well enough to know your movements (family or close friend or business colleague).

EMERGENCY CONTACT NAME: _____

MOBILE: _____

(Preferred)

LANDLINE: _____

(If applicable)

Thank you,
Jenni Dacomb (Neighbourhood Support Engagement Officer)

submit