

**NOVA SCOTIA BLOCK PARENT<sup>®</sup> ASSOCIATION  
APPLICATION FOR MEMBERSHIP**



**PLEASE RETURN ORIGINAL TO:** Chairperson  
Nova Scotia Block Parent Advisory Board

**PLEASE PRINT:**

NAME OF ASSOCIATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

AREAS COVERED BY YOUR PROGRAMME: \_\_\_\_\_

NUMBER OF SCHOOLS COVERED BY YOUR PROGRAM: \_\_\_\_\_

NAME

ADDRESS

PHONE #

CHAIRPERSON: \_\_\_\_\_

COMMITTEE MEMBERS:

<u>POSITION</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE #</u>

Delivery Address for Road Signs: \_\_\_\_\_

I certify that the above Executive Committee has been screened according to Block Parent Manual Procedures and all members are approved Block Parent Manual.

\_\_\_\_\_  
Signature of Police Officer Date

\_\_\_\_\_  
Signature of Chairperson Date

\_\_\_\_\_  
Advisory Board Approval Date