



Constable Patrol Dues Statement for 2020

[] New Member or [] Renewal

Property Address : _____

Do you want a GO Constable Supporter sign (must pay the \$250 minimum)? _____

Please provide contact information for program member(s) at this address:

Member 1 Information

Name: _____

Email: _____

Work Phone: _____

Cell Phone: _____

Member 2 Information

Name: _____

Email: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact Information

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact Information

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Payment Options (Checks made payable to GOCC)

[] Enclosed is the minimum requested payment of \$250 for 2020.

[] I/We cannot contribute \$250 but are enclosing a check for \$ ____.

[] I/We will pay online (see below).

[] Please accept my additional gift of \$ ____ for the year to help a neighbor on fixed income.

Mail this form to

Garden Oaks Constable Program

PO Box 10273

Houston TX 77206

or pay online at

www.gardenoaks.org