



PHOENIX CHAPTER

Houses of Worship Security Survey Religious Organization Application

Religious Organization Name: _____

Address: _____

Contact Name: _____

Contact Number/E-mail Address: _____

Total Membership Amount of Local Site: _____

History of Crime Problems and Incidents: _____

Please send completed application to Jay Martin, CFI, CPP
Fax 830-608-2596 or email to martinjay@rushenterprises.com