

APPLICATION FOR MEMBERSHIP OF THE



Ko te Hapori tō mātou Pokapū
Community is at our Centre

Name:

Group Name (if applicable):

Address:

Phone:

Email:

I wish to become a member of the Glenfield Community Centre Incorporated because:

- ☐ Current Centre User ☐ Member of Centre-based Group
- ☐ Supportive of Community activities
- ☐ Other (please state):

OUR PHILOSOPHY:

Family support and enhancement of community life through a commitment to and active involvement in working at the grass-roots level alongside individuals and groups to help them find appropriate support and resources.

OUR PURPOSE:

To recognise and respond to the social, cultural, recreational and educational needs of the community, and find ways to meet these needs, with specific recognition for those who have the least opportunity to participate in decision-making in the community.

OUR GOALS:

1. To provide services to families in Glenfield and the wider Kaipātiki community with particular attention being paid to those who are disadvantaged.
2. To be a source of information and referral for local people.
3. To respond, where appropriate, to expressed community needs.
4. To liaise with other organisations, institutes and individuals to raise community awareness of issues that affect the community.
5. To administer and maintain buildings, facilities, and equipment for community needs.
6. To be a Centre for community activity.
7. For Centre Management to be accountable to the community.

I agree to the Philosophy, Purpose, and Goals of the Society. If I am accepted as a member, I will abide by the rules of the Glenfield Community Centre Incorporated, and work for the benefit of the Centre. I understand that by accepting to become a member I agree to be contacted by the Society as part of its monthly electronic mailer.

Signed:

Dated:

Please note – there is currently no membership fee.