



Membership Application Form

Application for Membership of AMAROO NEIGHBOURHOOD CENTRE INC

First name:* _____ Surname: * _____

Address:* _____

Suburb:* _____ Post Code: _____

Phone No:* _____ Mobile No:* _____

Email: _____

Date of Birth ___/___/_____

Occupation: _____

I _____ desire to become a Member of Amaroo Neighbourhood Centre.

(Please Print Name)

As a Member, I agree to be bound by the rules of Amaroo Neighbourhood Centre for the time being in force.

Signature of Applicant*

Date

How did you hear about us?

Do you have any skills you could help us out with?

Would you be interested in volunteering at ANC? (not essential) Yes / No

Approx. Number of hours per week: _____



Members - Code of Conduct

1. Work for the benefit of the whole Centre.
2. Keep confidential information private and respect special information you may obtain.
3. Act honestly and with reasonable care and diligence.
4. Do not make improper use of your position as a Member by gossiping and spreading rumours that may prove detrimental to persons or the Centre as a whole.
5. To ensure the paid Staff feel trusted, safe and supported within their individual positions.
6. Members should at all time be mindful of the fact that they have a responsibility to promote the Centre in a positive manner at all times.
7. To follow the grievance and disciplinary procedures should conflict arise?
8. To respect each person as an individual with individual needs.
9. I have read the above and understand my obligation as a Member.

Signed ___*_____ Date_____

* Mandatory Field