

NWA GLBT Community Center



Linking Together to Build a Better Future

MEMBERSHIP APPLICATION

1. Membership Type:

____ Personal (____ Individual or ____ Family)
____ Business (____ Gay-Owned or ____ Gay-Friendly)
____ Non-profit Service Provider

2. Personal Information:

First name: _____ Last name: _____
Date of Birth: ____/____/____
Nickname or Alias: _____

3. Family Information:

Spouse: First name: _____ Last name: _____
Date of Birth: ____/____/____
Children:
Name _____ Date of Birth: ____/____/____
Name _____ Date of Birth: ____/____/____
Name _____ Date of Birth: ____/____/____
Name _____ Date of Birth: ____/____/____
Name _____ Date of Birth: ____/____/____
Name _____ Date of Birth: ____/____/____
Name _____ Date of Birth: ____/____/____

4. Business/Non-profit Service Provider Information:

Name: _____
Your position or title: _____
Description of Product(s) or Service(s): _____

5. Business Address & Contact Information

Address: _____

City: _____ State: _____ Zip Code: _____
Phone(s): (____) _____ - _____ (____) _____ - _____
Fax: (____) _____ - _____
Email _____
Web site: _____

6. Physical Address:

City: _____ State: _____ Zip Code: _____

7. Mailing Address (If different from physical address):

City: _____ State: _____ Zip Code: _____

8. Contact Information:

Home Phone: (_____) _____ - _____
Cell Phone: (_____) _____ - _____
Other Phone: (_____) _____ - _____
Fax: (_____) _____ - _____
Email: _____
Email: _____
Website: _____
Other: _____

9. Abilities & Interests (What kinds of programs would you like to participate in or lead):

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Group leader | <input type="checkbox"/> Clerical skills | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Handy person | <input type="checkbox"/> Graphic Artist | <input type="checkbox"/> Public relations |
| <input type="checkbox"/> Committees | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Computers | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Health | <input type="checkbox"/> Youth |

Any other interests or hobbies:

10. Service Needs or Expectations (What can "The Center" do for you?):

11. Optional Information (This will help us know you a little better in order to design programs and services to fit the needs of our members and fulfill our mission to serve our diverse community):

Gender Identity: ___ Male ___ Female ___ Other _____

Ethnicity: _____

Religion or Faith: _____

How do you identify: ___ Gay ___ Lesbian ___ Bisexual ___ Transgendered
___ Straight Ally ___ Other: _____

Please list any other characteristics you feel should be included and considered:

12. What Else? (List any additional information we might need to know about you)

Privacy Policy:

The NWA GLBT Community Center will keep your contact information in the strictest of confidence. Unless otherwise noted, your information will only be used in conjunction with Community Center business.

Please indicate a Privacy Level:

PUBLIC _____

The Center may contact you to offer program or event information. Your information may be made available to Community Center affiliate organizations.

SEMI-PRIVATE _____

Your information may be used for Center sponsored program information only. You may receive email, postal mail, or phone calls from the Community Center.

PRIVATE _____

Your contact information will be not be shared. **You will have to contact the Community Center for program or event information.**

Code of Conduct:

The following activities are not allowed on Center property, Website, Online Groups or at any Center function:

1. Physically or verbally threatening or harassing any person in any way.
2. Using verbally explicit language, obscene gestures or racial, religious or ethnic slurs that are likely to upset or disturb the peace of clients, staff, volunteers or visitors.
3. Engaging in sexual behavior.
4. Defacing, damaging, or destroying property.
5. Possession, use, or sale of illegal drugs, weapons or contraband.
6. Possession or consumption of alcohol in any public area without prior authorization.
7. Soliciting, for any purpose, including asking for money, contributions, or donations unless such activity has been approved by The Center.
8. Assembling for the purpose of disturbing the public peace.
9. Committing any unlawful act.
10. Fighting, disrupting other activities, or in any way creating a disturbance which is disruptive or dangerous to others or the activities of The Center.
11. Throwing, discarding or depositing any paper, glass, or other matter of any kind except in designated trash receptacles.
12. Posting or distributing flyers or notices without prior approval of the center.
13. Use of camera equipment unless such activity has been approved by The Center.
14. Smoking inside of a building.
15. Sleeping.
16. Leaving unattended personal belongings or possessions without prior authorization of The Center.
17. Using The Center facilities, Website, Online Group or Name for other than intended purposes.

OUR MISSION:

The Northwest Arkansas (NWA) Gay, Lesbian, Bisexual and Transgendered (GLBT) Community Center will celebrate, strengthen and support the GLBT community of Northwest Arkansas across lines of age, ethnicity, faith, ability, gender and economics.

The mission will be achieved through advocacy, support and education of the GLBT community in Northwest Arkansas. The NWA GLBT Community Center will provide a safe and inclusive atmosphere for information, education, support, advocacy and resources for GLBT individuals and their allies. The NWA GLBT Community Center will be an umbrella to link, for a better future, new and existing organizations, cultures, and programs to meet the emerging needs of the GLBT community in Northwest Arkansas.

Legal acknowledgement:

I am applying for membership to The NWA GLBT Community Center and I agree with and support the Mission Statement, the Code of Conduct, and the Privacy Policy of The Northwest Arkansas Gay, Lesbian, Bisexual, and Transgendered Community Center.

All statements on this application are true and correct to the best of my ability:

Signature: _____

Date: ____/____/____

Parent or legal guardian (if minor): _____

Center Use Only

Application Received ____/____/____

Application Entered ____/____/____

Information verified: _____

Signature or Initials of Processing board member _____

Notations: _____