



RESTORATIVE JUSTICE
Aotearoa

APPLICATION FOR PROVIDER GROUP INTERIM MEMBERSHIP

Name of Organisation:

Postal Address:

Chairperson: Telephone:

Address:

Secretary: Telephone:

Address:

Treasurer: Telephone:

Address:

Website:

Name of Coordinator/Manager:

Do you operate under the umbrella of another organisation? If so, please provide details:
.....

For the purpose of electing representatives for the Executive do you wish to be part of a regional group or a Maori group (tick one)

We agree to abide by the policies, philosophy and practices of Restorative Justice Aotearoa

We undertake to have/develop processes consistent with ‘Restorative Justice in New Zealand – Best Practice’, and to participate in activities relating to this document to be arranged by the Ministry of Justice.

We acknowledge that interim membership does not presume our group will be granted full membership under a more detailed membership application process to be developed by the Executive

Common Seal (if applicable)

Signed by:

Chairperson _____

Secretary _____

Treasurer _____

(Attach copy of Constitution & Rules, Trust Deed or other foundation document)

Please forward application to : Restorative Justice Aotearoa Inc. P O Box 14 122, Enderley, Hamilton