



## MEMBERSHIP APPLICATION FORM

**Annual Membership Fee \$25 to be paid pro rata as follows:**

January - March \$25

April - June \$20

July - September \$15

October - 12 November \$10

13 November- December 2021 \$25

Title	First Name	Surname	Landline Phone No.	Mobile Phone Number

Street Address	Suburb	City	Post Code

Email	Current or previous occupation (e.g. electrician, teacher, etc.)

**To assist us when we make funding applications, please provide the following additional information:**

Date of Birth	NZ European	Maori	Pacific Is	Asian	Other

**Please indicate how you are paying your membership fee**

- Cheque**
- Cash**
- Online Banking; what date did you make the payment on? \_\_\_\_\_**  
**How much did you pay? \_\_\_\_\_**

**For membership payment by cheque/cash** Send this completed form with your subscription payment to SeniorNet Wellington, PO Box 10 364, Wellington 6143 or deliver to the office between 10am -12Noon weekdays. If paying by cash, please bring payment to the office and do not send by mail.

OR

**For membership payment using online banking** Send this completed form to SeniorNet Wellington, PO Box 10 364, Wellington 6143 or deliver to the office between 10am -12Noon weekdays.

SeniorNet Wellington is registered with most of the banks for "Bills Payable" and this method of payment is preferred rather than using the one-off facility.

If you do use your bank's one-off payment facility, our Bank Account is 06 0501 0624049 00.

Please provide your details as follows: Your Surname - In Particulars section  
Your Initials -In Code section  
"NEW" (or 3 zeros for Kiwibank customers) - In Reference section

<b>For Office Use:</b> Date Processed: _____ Cash receipt No: _____ Member No. _____
<b>Payment:</b> Membership Fee \$..... Other (.....) \$..... Total Paid \$_____