



MEMBERSHIP APPLICATION FORM

Annual Membership Fee \$25 to be paid pro rata as follows:
January - March \$25 April - June \$20 July - September \$15
October - November \$10 December - \$25 for 13 months

<i>Title</i>	<i>First Name</i>	<i>Surname</i>	<i>Landline Phone No.</i>	<i>Mobile Phone Number</i>

<i>Street Address</i>	<i>Suburb</i>	<i>City</i>	<i>Post Code</i>

<i>Email</i>	<i>Current or previous occupation (e.g. electrician, teacher, etc.)</i>

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

Date of Birth	NZ	Maori	Pacific Is	Asian	Other
	European				

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.**
 Senionet 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" - In Reference section

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