Level 1, Anvil House
138-140 Wakefield Street
Wellington

PO Box 10-364
Wellington 6143

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**

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

For Office Use: Date Processed: _____ Cash receipt No: _____ Member No. _____

Payment: Membership Fee $..... Other (.....) $..... Total Paid $_____