



MEMBERSHIP APPLICATION FORM

Membership subscription is \$25 a full year, reducing depending on your joining date:

January, February, March \$25, April, May, June \$20, July, August, September \$15,
October, November \$10, December \$25 for 13 months.

Note: If you are an AMI insurance customer, AMI will pay your subscription for the current year.

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

- AMI customer** (no payment required). **AMI client number** _____ (optional)
- Cash**
- Online Banking; what date did you make the payment on?** _____
How much did you pay? _____

Send this completed form to SeniorNet Wellington, PO Box 11654, Wellington 6142 or deliver to the office between 10am - 12Noon weekdays. We no longer accept cheques. If paying cash, please bring payment to the office.

If paying by internet banking - 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 \$.....