



MEMBERSHIP APPLICATION FORM

New Member Number:

Annual Membership Fee \$25

Title	First Name	Surname	Landline Phone No.	Mobile Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address	Suburb	City	Post Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email	Current or previous occupation (e.g. electrician, teacher, etc.)
<input type="text"/>	<input type="text"/>

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

Date of Birth	NZ European	Maori	Pacific Is	Asian	Other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please indicate how you are paying your membership fee

- Cheque
 Cash
 Online Banking; what date did you make the payment on? _____

For membership payment by cheque/cash	Send this completed form with your \$25 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.
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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: <u>Your Surname</u> - In Particulars section <u>Your Initials</u> -In Code section <u>"NEW"</u> - In Reference section
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For Office Use:	Date Processed: _____ Cash receipt No: _____
Payment:	Member Fee \$25 Other (.....) \$..... Total Paid \$_____