

SeniorNet Motueka Inc
Application for membership

Membership is open to people aged 50+ or those with disabilities

First Name(s): 1..... 2

Surname(s): 1 2

Preferred name for Name Badge and membership card 1.

1..... 2.....

Phone: (03)..... **Mobile 1:** **Mobile 2:**

Email Address/es

Member 1.....

Member 2

Signatures 1..... 2

Date.....

Address **Postal Code**

New member 1 2 **Returning member** 1 2 **New** 1 2
Member **Returning**
member 1

Add a 1 or a 2 to the ethnicity that fits with your information details number

Ethnicity European Maori Pacific Island Asian
Other

NZ Resident 1 2 **Non Resident** 1 2

The joining fee is \$25 (single) or \$50 (couple) and covers your membership until **30th September** in any one year. It is payable when you apply for membership and should be forwarded to the Membership Secretary. If applying by mail, please address your letter to: **The Membership Secretary,**

SeniorNet Motueka
P.O. Box 297
Motueka 7143

WHAT OPERATING SYSTEM(S) DO YOU USE . PLEASE CIRCLE

Windows 7 Windows 8 Windows 10 Macintosh iPad Android
Tablet

HOW DID YOU HEAR ABOUT SENIORNET? PLEASE CIRCLE

1. Flyer 2. Newspaper 3. Internet 4. Friend/Word of mouth
5. Other

The Committee reserves the right to accept or decline membership.