



APPLICATION FOR NEW MEMBERSHIP

(Please Print)

Mr/Mrs/Ms/Miss/Dr **FIRST NAME:** _____ **SURNAME:** _____
 (Please circle one)

ADDRESS (as per NZ POST Notification):

Street: _____ **Suburb:** _____

City/Town: _____ **Postcode:** _____

Telephone No. _____ **Age group:** Under age 60 (Please tick ONE box)
 60 or older

Do you own or have the use of a Computer? Yes No (Please Circle ONE)

If 'Yes', would you please circle the system you use: Windows 10, Windows 7, Windows 8 (Other – please specify)

E-mail address: _____

Occupation – present or before retirement _____

The Membership Subscription, including GST, is \$30.00 per person. Please enclose fee(s) with your application. All cheques to be made out to SENIORNET CANTERBURY INC or, if Direct Credit by Internet Banking is preferred, the SeniorNet Canterbury Bank Account is 03-1700-0124463-00

I am over 50 years of age and agree to my personal details given above being entered on the SeniorNet database.

SIGNED: _____ **DATE:** _____

Please ensure all details are completed.

The enclosed brochure gives some general information on the SeniorNet organisation and a Summary of Courses, Workshops and Special Interest Groups available at SeniorNet Canterbury Inc.

PLEASE RETURN this completed form to: **Membership Secretary:**
 P O Box 21045
 Edgeware
 Christchurch 8143

For Office use: Sub Paid \$ Date: Receipt # Member #