



SeniorNet Eden-Roskill Inc.
2019 Membership Form
(New Member)

Issued September 2018 V1

Please Print Clearly
if using a pen

Title:	First Name:	Surname:
Street Address:		
Suburb:	City:	Post Code:
Contact Phone (Landline):		Mobile:
Email Address:		

At SeniorNet, we send our communications (newsletters, class timetables, and meetings notices) to members by email. We ask that you provide us with a contact email address as soon as possible.

For funding purposes, we need to know your gender, age, ethnic groupings & residency status.

Please click/tick all boxes that are applicable:

M	F	50-59	60+	European	Maori	Pacific Is	Asian	NZ Resident	Non NZ Resident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Do You Own A Desktop/Laptop Computer? Yes ☐ No ☐ **If No, Go to Question 2**

If "Yes", what Operating System are you using?

PC Users: Windows 7 ☐ Windows 8 ☐ Windows 10 ☐ Don't Know ☐

MAC Users: 10.10 Yosemite ☐ 10.11 El Capitan ☐ 10.12 Sierra ☐ 10.13 High Sierra ☐ Don't Know ☐

2. Do you own a Tablet Computer? Yes ☐ No ☐

If Yes, Apple iPad ☐ **or Android** ☐ **If an Android, what make is it?**

Samsung Galaxy ☐ Acer ☐ Toshiba ☐ Other ☐

Detail

Under the Privacy Act 1993, we advise that the information provided on this application form, we would enter into our membership computer database, only for our organisation's business. You may at any time request a copy of your information.

Signed:	Date:
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Please complete this form and forward it to:

SeniorNet Eden-Roskill Inc.
c/- Mr P Modrich – Treasurer
60 Belfast Street
Hillsborough
AUCKLAND 1042

Payment options for Subscription: Click in box

☐ **Cash (Only if paying in person – do not post)**

☐ **Cheque payable to SeniorNet Eden-Roskill**

☐ **Internet Banking:**

Bank A/c **Particulars** **Reference**

12-3077-0497354-00 {Your Name} SNERSubs19

Alternatively, email this completed form to: snr.membership@gmail.com

***** **Please ensure you return this form regardless of payment method** *****

NB - Receipts issued only on request. Receipt of Membership Name Badge confirms payment.

Annual Subscription: Through to 31 December 2019

New Members:

Single - \$40.00 ☐

Double - \$70.00 ☐ (Applicable to a couple living at the same address.)

Office Use Only:

Receipt No:		Date:		Payment Method:			
Name Badge <input type="checkbox"/>	Receipt <input type="checkbox"/>	Timetable <input type="checkbox"/>	Newsletter <input type="checkbox"/>	Info Booklet <input type="checkbox"/>	SNAP <input type="checkbox"/>	EMAIL <input type="checkbox"/>	
Sent by:				Date:			