

SeniorNet New Plymouth Incorporated



Membership Application Form

Membership Receipt Number

The information in this application will remain confidential to the Executive Committee of SeniorNet New Plymouth Inc., and will be entered into the membership database.

Full Name

Preferred name for Name Tag

Address

Post Code

Phone Number.....

E-Mail Address.....

Date of Birth Over 60 Under 60

Ethnicity: NZ European Maori European

 Pacific Islander Asian

 Other

Citizenship:
 NZ Citizen Other

Signature.....

Please return with your subscription to:
The Membership Registrar
Gwen Harvey
8 Maple Crescent
New Plymouth 4310

Subscription for 1 year commencing 1st July: \$20 single, \$40 double (two people sharing the same address)
(\$10 single, \$20 double from 1st January until 30th June - new members only)
Original subscription includes the cost of an Introduction to Computers course.