



SeniorNet Eden-Roskill Inc. 2012 Membership Form (New Member)

(Please Print Clearly)

Title: First Name:

Surname:

Street Address:.....

Suburb:

City:

Post Code:..... Contact Phone No (Landline):

Email Address:

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

Please tick boxes as applicable:

M	F	50-59	60+	European	Maori	Pacific Is	Asian	NZ Resident	Non NZ Resident

Do You Own A Computer? : Yes/No (Delete as applicable)

If "Yes", what Operating System are you using? (Circle as applicable)

PC Users:

Windows XP, Windows Vista, Windows 7.
Don't Know

MAC Users:

OS 10.3 (Panther), OS 10.4 (Tiger),
OS 10.5 (Leopard), OS 10.6 (Snow Leopard),
OS 10.7 (Lion), Don't Know

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

Signed: Date:

Please complete this form and forward it with a cheque, payable to SeniorNet Eden-Roskill Inc, to:

SeniorNet Eden-Roskill Inc.
c/- Mr R McDonald - Chairman
19 Brothers Street
New Windsor
AUCKLAND 0600

Annual Subscription: 31 December 2012

New Members:

Single - \$30.00

Double - \$50.00 (Applicable to a couple living at the same address.)

Office Use Only:

Receipt No: Date: Payment Method:

Name Badge: Receipt: Timetable: Newsletter: Info Booklet: SNAP:

Sent By: Date