

APPLICATION FORM

Surname First Name

Postal Address

Post Code Phone Number

E-mail Address DOB

Age Bracket: 50-59[] 60+[] **Permanent N.Z. Resident:** Yes[] No[]

Ethnicity: European [] Māori [] Pacific Islander[] Asian[] Other[]

What are you interested in learning? Microsoft [] Chromebook [] Apple iPad/iPhone [] Android Phone/Tablet [] Other

Devices: Computer[] Laptop[] Chromebook[] Tablet[] Smartphone[]

Operating System: Windows 10/11[] Apple [] Android [] Other []

Word Version: Word Pad [] MS Word [] 2019 [] 2021[] MS 365 []

Learning difficulties: Hearing [] Sight impaired [] Mobility []

AMI Insurance member: Yes [] No []

How did you hear about SeniorNet: Newspaper [] Flyer [] Website [] Word of Mouth []

Subscription (for the first year) \$35 per person, \$58 per couple in the same household.

For part year (from 1st July) \$20 per person, \$38 per couple in the same household.

For the second and subsequent years, \$25 per person, \$40 per couple.

Financial members are entitled to attend all workshops, no charge.

I consent to join Hamilton SeniorNet and have my details entered in the membership register []

Signature..... Date.....

Direct Credit to 03-1556 0058616-26

Please put your name in the Reference field

Hamilton SeniorNet Inc

P.O. Box 1097, Hamilton Mail Centre 3240

Phone 021 2264363

Please also read the attached Privacy Statement

For Office Use: Receipt No.....

Privacy Statement

The personal information collected on the application form is not shared with other organizations other than if you have ticked the AMI membership box.

No identifiable information is shared or used in sponsorship, funding applications or sent to the SeniorNet Federation.

We do not keep your information once you have ceased to be a member.