Hamilton SeniorNet Inc. APPLICATION FORM



Surna	me		First Name	•••••
Posta	al Address			••••
Post	Code		Phone Number	
E-ma	il Address			••••
Year	of Birth		···	
Age E	Bracket : 50-59[] 60+[] Perm	anent N.Z. Resident: Yes[] N	o[]
Ethni	city: European	[] Māori [] Pacifid	c Islander[] Asian[] Other[]
What	t are you intere	sted in learning? M	licrosoft [] Chromebook [] A	Apple
iPad/	iPhone [] Andr	oid Phone/Tablet [] Other	••••
Devi	ces: Computer[] Laptop[] Chrom	ebook[] Tablet[] Smartphor	ne[]
Oper	ating System: V	Vindows 10/11[] A	Apple [] Android [] Other []
Word	d Version : Word	Pad [] MS Word	[] 2019 [] 2021[] MS 36	5 []
Learr	ning difficulties:	Hearing [] Sight in	npaired [] Mobility []	
Howd	lid you hear about	SeniorNet: Newspaper	r[] Flyer[] Website[] Word of Mo	outh[]
	· ·		\$58 per couple in the same househ	
For th	e second and sub	sequent years, \$25 per	person, \$40 per couple.	
Finan	cial members are	entitled to attend all v	workshops, no charge.	
	sent to join Hamilt er[]	on SeniorNet and have	e my details entered in the member	rship
Signa	ture		Date	
Paid	Cash	Receipt Number		
	Online	Direct Credit to 03-15 Please put your name	556 0058616-26 e in the Reference field	

Hamilton SeniorNet Inc *Phone: 021 2264363*

Email: <u>hamseniornet2021@gmail.com</u>

Privacy Statement

The personal information collected on the application form is not shared with other organizations. 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.