



# SeniorNet Cambridge Inc

## Membership Application Form

Learning Centre, 22 Taylor St Cambridge 3434

P.O. Box 763 Cambridge

Tel: (07) 823 5136

Secretary's Email: [Val Stansfield <frank.val@xtra.co.nz>](mailto:frank.val@xtra.co.nz)

Website: [www.seniornetcambridge.org.nz](http://www.seniornetcambridge.org.nz)

Bank account number: 03 1568 0165603 00

Courses are held from Monday to Friday  
from February to early December each year.

Last name..... First name(s).....

Preferred name ..... Mr  Mrs  Ms  Miss  Dr  Rev

Postal Address..... Suburb/Rural Delivery.....

Town..... Post Code.....

Contact Phone No..... Mobile No.....

Email Address.....

**Skills:** From time to time SeniorNet Cambridge Inc. needs advice and assistance on a range of trade and technical problems. Please let us know if you are willing and able to help at some time in the future, and in what area: e.g. electronics, carpentry, heating, administration etc.

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**Important:** For funding purposes only we need your gender, birthdate, ethnic group, and residency status. Please tick or fill in the boxes below as applicable:

Male	Female	Date of Birth dd/mm/yy	European	Maori	Pacific Is.	Asian	NZ Resident	Non-NZ Resident

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.....

**Fees:** The annual fee for members for 2019 is \$35 for a single and \$60 for a couple.

One form per person, please. Course fees are extra. Payment can be made online, cheque or cash.

Bank account: 03 1568 0165603 00. Please enter *Your Name* and *'Subs'* in the reference sections.

**Registration is not complete until payment and a completed membership form have been received and processed.**

**Important: Please fill in Page 2 for our records**

<b>For Office Use Only:-</b>					
Receipt #.....	Received \$.....	Cheque <input type="checkbox"/>	Cash <input type="checkbox"/>	Online banking <input type="checkbox"/>	
Membership # .....	Database <input type="checkbox"/>	E-letter <input type="checkbox"/>	Phone # <input type="checkbox"/>	Name Badge <input type="checkbox"/>	

What type of computer/s do you own?

Desktop  Laptop  iPad  Android Tablet

Mobile phone: iPhone  Android  Other .....

What Operating System do you use?

**Windows:** Windows 7  Windows 8 or 8.1  Windows 10

**Mac OS X:** Number ..... Name .....

Other Operating System.....

What **Word** Version do you use (if any)?

**On Windows:** 2010  2013  2016  365

**On Mac:** 2004  2008  2011  2016  Pages

Libre Office  Open Office Org  Other word processing programme.....

Please describe your experience with computers, and name any other applications (programmes) you use (e.g. Excel, Publisher):

.....  
.....  
.....

Previous Computer Courses (if any):

.....  
.....

How did you hear about us? .....

Are there any days and/or times that you would **NOT** be available for courses?  
.....  
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Please ensure that payment is made by Internet banking, cheque, or cash, and the completed form returned to SeniorNet Cambridge Inc. in order for Registration to be completed.

Address details are listed at the start of this Membership Form.