



Jan2010

SeniorNet HBC Inc.

117 Centreway Rd , Orewa.

Phone 09 426-1509

P.O. Box 637, Orewa, 0946

Membership Application

\$50

Please print clearly.

Name: -----

First name

Second name

Address: -----

City: ----- Post Code: -----

Phone: ----- Email: -----

The following required for Ministry of Education statistics: ✓

1. Age Group: Below 60 60 or over

2. Ethnic Group: Maori NZ European

Other Asian Pacific Island

3. Permanent Resident: Yes No

Your occupation: (For our records)

Present: ----- Past: -----

Have you previously been a member of Seniornet?

Yes No

If so , which centre? -----

How did you hear about Seniornet? -----

Signed: ----- Date: / /

See reverse side for more details:-

Office Use Only

ReceiptNo: ----- Date: / /

Copied: -----