

THE TAURANGA SENIORNET CLUB INC.

Email: tauranga@seniornet.nz

Membership Application Form

First Name		
Surname		
Name on Badge		
Address		
Phone/s		
Email		
How did you hear about So	enior Net?	
Register me for Senior Har	ngouts Yes / No (cir	
Register me for Senior Har	rgouts Yes / No (cir stitution and Rules of the T	cle one)
Register me for Senior Har	ngouts Yes / No (cir stitution and Rules of the T	cle one) auranga SeniorNet Club Incorporated
Register me for Senior Har I agree to abide by the Con Signature	ngouts Yes / No (cir stitution and Rules of the T	cle one) auranga SeniorNet Club Incorporated
Register me for Senior Har I agree to abide by the Con Signature	ngouts Yes / No (cir stitution and Rules of the T	cle one) auranga SeniorNet Club Incorporated Date

If payment is by Internet banking the Club's Bank Account is 03-1548-0002612-00. In **Their statement details** please enter:

Particulars	Code	Reference
Your name	Sub and or fees (if any)	course (if any)

Please note that under the Privacy Act we advise that the information provided in this Application Form will be entered into our computerised membership database and only be used for Tauranga SeniorNet Club Incorporated's business. You may, at any time, ask for a copy of your information.

Details entered into SNAP