



SeniorNet Warkworth Inc.



Membership Application Form

Centre: Totara Park Village Hall, 9 Melwood Drive, Warkworth

Email: seniornetworkworthcc@gmail.com

Website: www.seniornetworkworth.org.nz

Title..... Preferred first name..... Last name.....

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

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

Home Phone No..... Mobile No.....

Email Address.....

Year of Birth..... Gender.....

How did you hear about us?

Skills: From time to time SeniorNet Warkworth 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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Fees: The annual fee for members is \$35 for a single membership, or \$50.00 for a couple residing at the same address. One form per person, please. Course fees are extra. **Online payment is preferred**, or in cash at the Centre.

Bank account: ASB Bank, 12-3095-0160114-00. 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.

Privacy Policy:

By providing my personal information to SeniorNet Warkworth Inc:

I acknowledge that this personal information will be collected and stored by SeniorNet;

1. I agree that SeniorNet may collect, store, use, and disclose my personal information:
 - a. to provide information or services to me;
 - b. for administrative purposes, including managing records of members;
 - c. to contact me;
 or for any other reason permitted by the Privacy Act 2020.

I acknowledge that if I do not provide the requested personal information, then SeniorNet may not be able to process my membership application or provide information or services to me; and

I agree to advise SeniorNet of any changes to my personal information, so that SeniorNet can keep the information held up-to-date; and

PLEASE TURN THE PAGE OVER TO COMPLETE THIS FORM.

For Office Use Only:-

Treasurer's Initials..... Date Paid..... Amount \$..... Online banking Cash

Membership # Database E-letter Name Badge

I acknowledge that I have a right to request access to, or correction of, the personal information held by SeniorNet.

I acknowledge that:

1. By submitting this application, I am consenting to becoming a member of SeniorNet Warkworth Inc.
2. I am solely responsible for keeping my passwords secure and will not divulge them to SeniorNet Tutors or Officers.
3. In requesting SeniorNet Warkworth to provide services, including help with my device(s), I acknowledge and agree any such services will be provided by volunteers on an "all care, no responsibility" basis and that neither SeniorNet Warkworth nor any of its tutors will be liable for any loss, damage or cost howsoever caused arising out of, or in any way related to, such services or SeniorNet Warkworth's access to or use of my device(s), including:
 - a. loss, damage or corruption, of any software, files or data, on my device(s), or the cost of retrieving, restoring or recreating such data, records or files; or
 - b. loss or damage to my device(s), including the loss of functionality of my device(s).

I agree that I will not bring any claim against SeniorNet Warkworth, or any of its tutors in relation to any services provided.

Signed.....

Date.....