Hamilton SeniorNet Inc. APPLICATION FORM



Surnar	ne		First Name	•••••	••••
Posta	l Address		•••••		••••
	•••••		•••••		••••
Post (Code		Phone Number	er	
E-mai	l Address		•••••		••••
Year o	of Birth				
What	are you inter	ested in learning? N	1icrosoft [] Ch	romebook [] A	pple
iPad/i	iPhone [] And	roid Phone/Tablet [] Other		••••
Devic	es : Computer[] Laptop[] Chrom	ebook[] Table	t[] Smartphon	e[]
Opera	ating System: '	Windows 10/11[] .	Apple [] Andr	oid [] Other []
Word	Version : Wor	d Pad [] MS Word	[] 2019 [] 2	021[] MS 365	[]
Learn	ing difficulties	:: Hearing [] Sight ii	mpaired [] Mo	obility []	
How d	id you hear abou	t SeniorNet: Newspape	er [] Flyer [] Webs	site [] Word of Mou	uth []
	•	rst year) \$35 per person, July) \$20 per person, \$3	•		
For the	e second and sub	osequent years, \$25 per	person, \$40 per	couple.	
Finan	cial members are	e entitled to attend all	workshops, no ch	arge.	
I cons	•	ton SeniorNet and have	e my details enter	ed in the member	ship
I have	read and unders	stood the Hamilton Sen	iorNet Learning C	entre waiver	
Signat	ture		Date.		
Paid	Cash	Receipt Number			
	Online	Direct Credit to 03-1556 0058616-26			
		Please put your name	e in the Reference	<u>e field</u>	

Hamilton SeniorNet Inc

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