



MEMBERSHIP FORM

Name: _____

Address: _____ Suburb: _____ City: _____

Telephone: _____ Mobile: _____

Email: _____

Nationality: _____ (if NZ—moved from): _____

Age: 18-25 25-45 45-65 65+

Name of partner: _____

Children 1 Name _____ Age: _____ Yr(s).

Children 2 Name _____ Age: _____ Yr(s).

Children 3 Name _____ Age: _____ Yr(s).

(If more than 3 children, please continue at the back of the form)

How long in NZ _____ How long in Nelson _____

I am/ we are interested in (Please tick as many as you may choose):

- | | |
|---|--|
| <input type="checkbox"/> Art | <input type="checkbox"/> Pot Luck Dinner with
Newcomers group |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Reading/Book club |
| <input type="checkbox"/> Coffee Morning | <input type="checkbox"/> Tennis/Golf |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Toddler group |
| <input type="checkbox"/> Fishing/Boating | <input type="checkbox"/> Tramping/Walking |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Volunteering in the
Community |
| <input type="checkbox"/> Movie | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Music | |
| <input type="checkbox"/> Picnic/Barbecue | |
| <input type="checkbox"/> Pottery/Handicraft | |

*I am happy for my details to be passed on to Volunteer Nelson.

How did you hear about Nelson Newcomers Network? _____

I understand that the above information will be shared with other members for the benefit of mutual friendship and understanding.

Signature: _____ Date: _____

Send this form to: Nelson Newcomers Network
PO Box 264
Nelson

Email: nelson@newcomers.co.nz

or drop off at: Nelson Newcomers Network
2 Bridge St (upstairs), Nelson.