

Application



SeniorNet, the unique nonprofit organization providing adults 50 and older access to and education for computer technology to enhance their lives and enable them to share their wisdom.

Information

New member Student Renewing member
Member ID _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (____) _____ Year of Birth: _____

*Email address: _____

(*Free monthly e-newsletter included with membership)

My SeniorNet Learning Center is: _____

Membership Fees (fees listed are per person)

1 year \$30.00

1 year renewal \$15.00

Contributions

We hope that you will consider making a contribution to our organization. Your generosity will enable SeniorNet to continue its outreach to older adults of all economic levels.

Included is my tax-deductible contribution of:

\$30 \$50 \$100 \$250 other _____

For office use only

Received

Check

About You

The following statistical data is used when applying for grants that support SeniorNet. With your cooperation, these grants will enable us to offer you a broader range of quality benefits with your SeniorNet membership. Your name is **never** released with this information.

Demographics

Male Female

Type of computer you own:

Windows Macintosh Do not own one

Skill Level:

Beginner Intermediate Advanced

Retired:

Yes No Semi-Retired

Ethnic Background: _____

Annual Household Income:

under \$25,000 \$50,000 - \$74,999
 \$25,000 - \$49,999 over \$75,000

Education:

High School College Graduate
 Some College Masters or Higher

Payment Information

Total Amount: \$ _____

Check enclosed. Please make checks payable to SeniorNet.

Bill my credit card

Visa Mastercard AMEX Discover

Card #: _____ Exp. _____

Name on card: _____

Signature: _____

For fastest service, call: 800-747-6848

Or fax your application to: 408-615-0928

Or mail your application to the address listed below.

Membership fees and contributions made to SeniorNet are tax-deductible to the extent allowed by law.