

HAWKES BAY NEWCOMERS NETWORK MEMBERSHIP FORM

Name: _____

Like to be called: _____

Address: _____ Suburb: _____ City: _____

Telephone: _____ Mobile: _____

Email: _____

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

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)

Month/Year of arrival: _____

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"/> Pottery/Handicraft |
| <input type="checkbox"/> Coffee Morning | <input type="checkbox"/> Reading/Book discussion group |
| <input type="checkbox"/> Fishing/Boating | <input type="checkbox"/> Tennis/Golf |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Toddler group |
| <input type="checkbox"/> Movies | <input type="checkbox"/> Tramping/Walking |
| <input type="checkbox"/> Music | <input type="checkbox"/> Volunteering in the Community |
| <input type="checkbox"/> Picnic/Barbecue | <input type="checkbox"/> Others: _____ |

How did you hear about Hawkes Bay Newcomers Network? _____

- I'll be interested in becoming more involved in Hawkes Bay Newcomers Network in the future.

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: hawkesbay@newcomers.co.nz