

MARLBOROUGH NEWCOMERS NETWORK

MEMBERSHIP FORM



**Marlborough
Newcomers Network**
Connecting People



Marlborough Migrant Centre
one community many faces

Name: _____

I like to be called: _____

Address: _____ City/Suburb: _____

Telephone: _____ Mobile: _____

Email: _____

Nationality: _____ If from NZ – moved from: _____

Name of partner: _____

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

Name: _____ Age: _____ Yr (s)

Name: _____ Age: _____ Yr (s)

Name: _____ Age: _____ Yr (s)

Month/Year of arrival: _____

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

- | | |
|--------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Arts and Crafts (_____) | <input type="checkbox"/> Pot luck dinner with Newcomers group |
| <input type="checkbox"/> Cooking/Nutrition | <input type="checkbox"/> Coffee morning |
| <input type="checkbox"/> Sports: (_____) | <input type="checkbox"/> Picnic/Barbecue |
| <input type="checkbox"/> Fishing/Boating | <input type="checkbox"/> Women's group |
| <input type="checkbox"/> Tramping/Walking | <input type="checkbox"/> Toddler/young children's group |
| <input type="checkbox"/> Movies | <input type="checkbox"/> Reading/Book discussion group |
| <input type="checkbox"/> Music (_____) | <input type="checkbox"/> Volunteering in the Community |

Other: _____

How did you hear about Marlborough Newcomers Network? _____

I will be interested in becoming more involved in Marlborough 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/s: _____ Date: _____

Send or drop off to:

Marlborough Migrant Centre, 21 Henry Street Blenheim Phone 579-6410

Email: marlborough@newcomers.co.nz