



**GIMLI NEW  
HORIZONS 55+  
ACTIVITY CENTRE**

**New Member** \_\_\_\_\_  
**Renewal** \_\_\_\_\_  
**Past Member** \_\_\_\_\_  
 Receipt # \_\_\_\_\_

**Membership Application Form – 2020 Membership Year  
(Oct 1 2020 - Sept 30, 2021)**

| Last Name | First Name |
|-----------|------------|
|           |            |

**Street Address**

| Mailing Address (BOX #) | Town | Postal Code |
|-------------------------|------|-------------|
|                         |      |             |

**Email Address (PLEASE PRINT CLEARLY)**

| Telephone # | Cell # |  | Yr of Birth |
|-------------|--------|--|-------------|
|             |        |  |             |

Waiver - Release to be signed by participant in an activity. The participant releases and indemnifies Gimli New Horizons from any and all liability connect to participant's participation in the activity. \_\_\_\_\_ (Initial)

PHOTO Disclaimer - During an event there may be a photographer in attendance. The resulting photos may be placed in the local newspapers, in the newsletter, or the website or facebook page. You are responsible to inform the photographer if you do not wish photos to be taken. \_\_\_\_\_ (initial)

May we contact you when a Volunteer Opportunity comes up?  NO  YES

**Volunteer Opportunity**

- |                       |                      |                         |                        |
|-----------------------|----------------------|-------------------------|------------------------|
| Activity Leader _____ | Event Planning _____ | Lunch Team _____        | PR/Marketing _____     |
| Bingo Help _____      | Fall Supper _____    | Office Admin _____      | Social Committee _____ |
| Board Member _____    | Financial _____      | Painting _____          | Yard Mtce _____        |
| Building & Mtce _____ | Food Service _____   | Pancake Breakfast _____ |                        |
| Computer Tech _____   | Fundraising _____    | Perogy Bee _____        |                        |

**Member Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

|   |                                 |                              |                          |
|---|---------------------------------|------------------------------|--------------------------|
| <b>Paid by:</b> Cash <input type="checkbox"/> | Cheque <input type="checkbox"/> | <b>Office Initial:</b> _____ | <input type="checkbox"/> |
|---|---------------------------------|------------------------------|--------------------------|

|   |   |
|---|---|
| Amount: <input type="checkbox"/> \$25.00 Member (55+) | Amount: <input type="checkbox"/> \$30.00 Associate Member (50 - 55) |
|---|---|

**MAIL TO: Gimli New Horizons Box 1821, Gimli, MB, R0C 1B0**

or

**DROP OFF: In bucket outside main door during day time only**