GIMLI NEW HORIZONS

55+ ACTIVITY CENTRE

New Member _____
Renewal _____
Past Member _____

Membership Application Form – 2026 Membership Year
(September 1, 2026 - August 31, 2027)

Last Name	*First Name*

Street Address

Mailing Address (BOX #)	*Town*	*Postal Code*

Email Address (PLEASE PRINT CLEARLY)

Telephone #	*Cell #*	*Yr of Birth*	

Emergency Contact Information:

Primary Emergency Contact -
Name _____ Relationship _____ Phone _____
Secondary Emergency Contact -
Name _____ Relationship _____ Phone _____

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)

X _____ ***Member Signature:*** _____ ***Date:***

Paid by: Cash ☐	Cheque ☐	*Office Initial:*	☐
Amount: ☐	$25.00 Member (55+)		
Amount ☐	$30.00 Associate Member (50 - 55)		