

FIRST NAME _____ LAST NAME _____

HARMONY HALL SENIORS CENTER

686 Harmony Lane Gibsons,

Address _____ Town _____ Postal _____

Email address (or friend that has one) _____

I agree to accept, uphold, and comply with the Constitution, Bylaws, Policies and Procedures of Gibsons Seniors Society

Signed _____ Today's date _____ Phone Number _____

Check below the Activity you would like to participate in. Year you first started _____

Activity Leader Be on the Executive Line Dance Takeaway meals prepared from the kitchen Toastmasters Club

Membership committee Yoga Bridge Knitting Help/learn with maintenance TaiChi/Qi Gong Table Tennis
 Ukulele

Horseshoe Pitch Games room – Pool table, Shuffleboard, Darts.

YY-MM-DD	Office use only	Entered	Receipt sent