HARMONY HALL GIBSONS SENIORS SOCIETY
MEMBERSHIP APPLICATION
SEPTEMBER 1 TO AUGUST 31 YEARLY
686 HARMONY LANE, GIBSONS BC V0N 1V8
604-886-3919

Name_____

Street Address_____

Mailing Address if Different_____

Postal Code: | | | | | | |

Email: | | | | | | | | | | | | | | | | | | | | | | | | | |

Phone: | | | | | | | | | | |

Emergency Phone: | | | | | | | | | | |

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

☐ **I understand that I participate in the activities at Gibsons Seniors Society (Harmony Hall) at my own risk.**

Signature: _____ **Date:** _____

Payment Amount:

☐ Gibsons Seniors Centre members **$40.00**
☐ Sechelt Seniors Activity Centre members **$20.00**

Payment Method:

☐ **Cash**
☐ **Cheque**
☐ **e-transfer:** harmonyhallcash@gmail.com
☐ **Square** (Visa, Mastercard, Debit)