



HAMILTON CLUB *of* LANCASTER

LIVE WELL FELLOWSHIP PROGRAM MEMBERSHIP APPLICATION

PERSONAL INFORMATION

APPLICANT'S NAME

Title First M.I. Last

Home Address Street City State Zip

Billing Address (If different than above) Street City State Zip

Phone (Home) (Mobile)

Email Date of Birth (MM/DD/YYYY)

CO-APPLICANT'S NAME

Title First M.I. Last

Phone (Home) (Mobile)

Email Date of Birth (MM/DD/YYYY)

Co-Applicant's Relationship to Applicant Anniversary (MM/DD/YYYY) (If applicable)

CHILDREN (Children under the age of 21 are entitled to Club privileges through your membership)

First (or Nickname)	Last	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to say
First (or Nickname)	Last	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to say
First (or Nickname)	Last	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to say
First (or Nickname)	Last	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to say

BUSINESS INFORMATION

Applicant's Occupation/Nature of Business/Profession

Company Name Title Retired? ☐ Yes ☐ No

Business Address Street City State Zip

Business Phone Business Mobile

Email Years in Current Employment

Co-Applicant's Occupation/Nature of Business/Profession

Company Name Title Retired? ☐ Yes ☐ No

Business Address Street City State Zip

Business Phone Business Mobile

Email Years in Current Employment

LIVE WELL FELLOWSHIP PROGRAM MEMBERSHIP APPLICATION (CONTINUED)

AFFILIATIONS/SPONSORS

Applicant's membership in professional, civic, fraternal, and/or non-profit organizations

Co-Applicant's membership in professional, civic, fraternal, and/or non-profit organizations

Please identify the Member who will be sponsoring your request for membership, if any.

A *Letter of Sponsorship* from your Sponsor MUST accompany this application when it is submitted to the Club for membership consideration.

First _____ Last _____ Affiliation: ☐ Personal ☐ Business

☐ Check here if Applicant is not being referred by a current Member of the Club.

INTERESTED IN AFFINITY CLUBS? (PLEASE INDICATE BELOW)

Access to Affinity Clubs is complimentary during the Live Well Fellowship Program.

☐ Cigar Club ☐ Mug Club ☐ Health Club ☐ Mah Jongg
☐ Squash League ☐ Movie Club ☐ Duckpin Bowling League ☐ Book Club

CLUB COMMUNICATIONS

Preferred Email: Applicant: ☐ Personal ☐ Business Co-Applicant: ☐ Personal ☐ Business

Preferred Phone Number: Applicant: ☐ Home ☐ Mobile ☐ Business ☐ Business Mobile

Co-Applicant: ☐ Home ☐ Mobile ☐ Business ☐ Business Mobile

Monthly Statement (please check one): ☐ Mail ☐ Personal Email ☐ Business Email

AUTHORIZATION

By signing this Membership Application for Hamilton Club of Lancaster, I hereby authorize the Club, through its representatives, to make inquiry of my financial condition, our family & professional background, and specifically authorize them to make inquiry of consumer credit reporting organizations. **I acknowledge and accept enrollment into the *Live Well Fellowship Program* is a one-year commitment at a Membership Dues rate of \$175/month (excluding any charges of food, beverage, service, or other purchases). Should I resign my membership prior to completing one year, I am personally liable and responsible for any remaining Dues balance of the Program's one-year commitment as well as any outstanding financial obligations relating to my Membership.**

The undersigned does hereby acknowledge, accept and understand that I have truthfully, and to the best of my ability, answered all application questions and any misrepresentation thereof will be grounds for rejection of my application or dismissal from membership in the Club.

If my Membership Application is granted, I, and any of my family members, agree to observe and be bound by the Bylaws and Rules and Regulations of Hamilton Club of Lancaster in the present form or as may be amended in the future.

APPLICANT'S SIGNATURE _____ DATE _____

CO-APPLICANT'S SIGNATURE _____ DATE _____
(if applicable)