



HAMILTON CLUB *of* LANCASTER

Live well.

MEMBERSHIP APPLICATION



TYPE OF MEMBERSHIP DESIRED - see back page for membership classifications

- Resident Family (ages 40 & over)
- Intermediate Resident Family (ages 30-39)
- Junior Resident Family (ages 21-29)
- Non-Resident (ages 40 & over)
- Intermediate Non-Resident (ages 30-39)
- Junior Non-Resident (ages 21-29)

PERSONAL INFORMATION

Applicant's Name _____
Title First Middle Initial Last Nickname

Home Address _____
Street City State Zip Code

Billing Address (if different than above) _____
Street City State Zip Code

Home Phone Number _____ Cell Phone Number _____

Date of Birth _____

E-mail Address _____

If married, please continue for spouse information Wedding Anniversary _____

Co-Applicant's Name _____
Title First Middle Initial Last Nickname

Date of Birth _____ Cell Phone Number _____

E-mail Address _____

BUSINESS INFORMATION

Applicant's Occupation and/or Nature of Business or Profession _____ Retired

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ Years in Present Employment _____

E-mail Address _____

Spouse's Occupation and/or Nature of Business or Profession _____ Retired

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ Years in Present Employment _____

E-mail Address _____

CHILDREN

Children who are under the age of 21 and are entitled to club privileges through your membership:

- | | | | | | | |
|----|-------|-------|----------|---------------|-------------------------------|---------------------------------|
| 1. | _____ | _____ | _____ | _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| | First | Last | Nickname | Date of Birth | | |
| 2. | _____ | _____ | _____ | _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| | First | Last | Nickname | Date of Birth | | |
| 3. | _____ | _____ | _____ | _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| | First | Last | Nickname | Date of Birth | | |
| 4. | _____ | _____ | _____ | _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| | First | Last | Nickname | Date of Birth | | |

AFFILIATIONS

Are you a prior member of The Hamilton Club of Lancaster? Yes No If so, when? _____

Applicant's Membership in Business, Professional, Civic and Fraternal or Non-Profit Organizations: _____

Co-Applicant's Membership in Business, Professional, Civic and Fraternal or Non-Profit Organizations: _____

REFERENCES

Sponsoring Member: _____

Secondary Member: _____

Other Club Members known: _____

Letters of recommendation are required from the Sponsoring and Secondary Members (can be in e-mail form), and should be sent to the Club's Assistant Office Manager, Linda Feilmeier - (717) 397-6296, lfeilmeier@hamiltonclub.org

CLUB COMMUNICATIONS

Applicant's preferred e-mail address: Home Business

Co-Applicant's preferred e-mail address: Home Business

Statement Mailing Options - Please check one:

Please send my monthly statement via U.S. Mail

Please send my monthly statement electronically, via the following e-mail address:

Please see reverse side for final authorization.

AUTHORIZATION

By signing this Membership Application for The Hamilton Club of Lancaster, I hereby authorize The Hamilton Club of Lancaster, through its representatives, to make inquiry of my financial condition, our family and professional background and specifically authorize them to make inquiry of consumer credit reporting organizations.

The undersigned does hereby acknowledge, accept and understand that I have truthfully and to the best of my ability answered all application questions. If my Membership Application is granted, I agree to observe and be bound by the Bylaws and Rules and Regulations of The Hamilton Club of Lancaster in the present form or as may be amended.

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members who will be utilizing The Hamilton Club of Lancaster. I further declare that the above information which I have supplied on this application is true and correct, and acknowledge that any misrepresentation thereof will be grounds for rejection of my application or dismissal from membership in the club.

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____
(if applicable)

Membership Classifications

Resident Members

Individuals or couples (with the oldest member over the age of 40) who reside in Lancaster County or within thirty miles of the Clubhouse, or whose principal office or place of business is in Lancaster County.

Intermediate Members

Individuals or couples (with the oldest member age 30 to 39) who reside in Lancaster County or within thirty miles of the Clubhouse, or whose principal office or place of business is in Lancaster County.

Junior Members

Individuals or couples (with the oldest member age 21 to 29) who reside in Lancaster County or within thirty miles of the Clubhouse, or whose principal office or place of business is in Lancaster County.

Non-Resident Members

Individuals or couples (with the oldest member 21 years of age or older) who reside outside Lancaster County and more than thirty miles from the Clubhouse, and whose principal office or place of business is outside Lancaster County. They are entitled to all privileges of the Club, with the exception of voting privileges. Appropriate fees will apply if a Non-Resident member establishes residence or principal business interest as it pertains to a Resident Member.



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106 East Orange Street Lancaster, PA 17602
(717) 397-6296 www.hamiltonclub.org