

# **MEMBERSHIP APPLICATION**

- TYPE OF MEMBERSHIP DESIRED, DUES & ADMISSIONS -

Resident (ages 45 & over): \$584/month	☐ Intermediate Re	esident (21-44): \$322/mc	nth	
■ Non-Resident (ages 45 & over): \$245/month	☐ Intermediate No	on-Resident (ages 21-44	): \$221/month	
Resident Dues include: \$139 Service Dues, \$111 Capital/Facility Dues, and \$25 Preservation Dues. Resident Members do not pay Service Charge (or Gratuity) on Restaurant or Club Function spending.				
<b>Intermediate Resident Dues</b> include: \$111 Capital/Fa added to all food and beverage spending.	ncility Dues and \$25 Preserv	vation Dues. A 20% Servic	e Charge is	
<b>Non-Resident Member Dues</b> include: \$25 Preservation spending.	on Dues. A 20% Service Ch	arge is added to all food a	nd beverage	
A full description of each Membership Classification is priced by the unit. A unit is defined as an individual,			ber Dues are	
ADMISSION FEES (TO BE COMPLETED BY HAMILTO	ON CLUB ADMIN)			
Resident Member: \$4,000	☐ Intermediate Re	esident Member: \$3,200		
Non-Resident Member : \$2,400	Intermediate No	on-Resident Member: \$1	,600	
Other:	Single Payment	Quarterly Payment	t	
PERSON	NAL INFORMATION			
1 21301	TAE IN ORMANON —			
ADDITO ANTO NIAME				
APPLICANT'S NAME Title First	M.I.	Last		
Title First	M.I.	Last	<del>7:</del>	
Title First Home Address Street	City	Last State	Zip	
Title First	City		Zip	
Title First Home Address Street	City	State		
Title First  Home Address Street  Billing Address (If different than above)  Street	City City (Mobile)	State		
Title First  Home Address Street  Billing Address (If different than above)  Street  Phone (Home)  Email	City  City  (Mobile)  Date of Birth (MM/D	State State OD/YYYY)		
Title First  Home Address Street  Billing Address (If different than above)  Street  Phone (Home)  Email  CO-APPLICANT'S NAME  Title First	City  City  (Mobile)  Date of Birth (MM/E	State State  DD/YYYY)  Last		
Title First  Home Address Street  Billing Address (If different than above)  Street  Phone (Home)  Email  CO-APPLICANT'S NAME  Title First  Phone (Home)	City  City  (Mobile)  Date of Birth (MM/D  M.I.  (Mobile)	State State  State  DD/YYYY)  Last	Zip	
Title First  Home Address Street  Billing Address (If different than above)  Street  Phone (Home)  Email  CO-APPLICANT'S NAME  Title  First  Phone (Home)  Email	City  City  (Mobile)  Date of Birth (MM/E  M.I.  (Mobile)  Date of Birth (MM/E	State State  State  DD/YYYY)  Last	Zip	
Title First  Home Address Street  Billing Address (If different than above)  Street  Phone (Home)  Email  CO-APPLICANT'S NAME  Title First  Phone (Home)	City  City  (Mobile)  Date of Birth (MM/E  M.I.  (Mobile)  Date of Birth (MM/E	State State  State  DD/YYYY)  Last	Zip	
Title First  Home Address Street  Billing Address (If different than above)  Street  Phone (Home)  Email  CO-APPLICANT'S NAME  Title  First  Phone (Home)  Email	City  City  (Mobile)  Date of Birth (MM/E  M.I.  (Mobile)  Date of Birth (MM/E  Anr  (If app	State  State  DD/YYYY)  Last  DD/YYYY)  niversary (MM/DD/YYYY)	Zip	
Title First  Home Address Street  Billing Address (If different than above)  Street  Phone (Home)  Email  CO-APPLICANT'S NAME  Title First  Phone (Home)  Email  Co-Applicant's Relationship to Applicant  CHILDREN (Children under the age of 21 are entitled to	City  (Mobile)  Date of Birth (MM/E  M.I.  (Mobile)  Date of Birth (MM/E  Anr  (If app.	State  State  DD/YYYY)  Last  DD/YYYY)  niversary (MM/DD/YYYY)	Zip	
Title First  Home Address Street  Billing Address (If different than above)  Street  Phone (Home)  Email  CO-APPLICANT'S NAME  Title First  Phone (Home)  Email  Co-Applicant's Relationship to Applicant  CO-Applicant's Relationship to Applicant  CHILDREN (Children under the age of 21 are entitled to First (or Nickname)  Last	City  (Mobile)  Date of Birth (MM/D  M.I.  (Mobile)  Date of Birth (MM/D  Anr  (If app	State  State  DD/YYYY)  Last  DD/YYYY)  niversary (MM/DD/YYYY)  plicable)  r membership)	Zip  Zip  Prefer not to say	
Title First  Home Address Street  Billing Address (If different than above)  Street  Phone (Home)  Email  CO-APPLICANT'S NAME  Title First  Phone (Home)  Email  Co-Applicant's Relationship to Applicant  CO-Applicant's Relationship to Applicant  CHILDREN (Children under the age of 21 are entitled to First (or Nickname)  Last	City  (Mobile)  Date of Birth (MM/E  M.I.  (Mobile)  Date of Birth (MM/E  Anr  (If app  O Club privileges through you  Date of Birth (MM/DD/YYYY)	State  State  State  DD/YYYY)  Last  DD/YYYYY)  ir membership)  Male Female II  Male Female II	Zip  Zip  Prefer not to say	

## MEMBERSHIP APPLICATION (CONTINUED)

	—— BUSINESS INFORMATION	N ————————————————————————————————————
Applicant's Occupation/Nature of	of Business/Profession	
Company Name	Title	Retired? Yes No
Business Address Street	City	State Zip
Business Phone		
Email	Years in Curren	nt Employment
Co-Applicant's Occupation/Natu	re of Business/Profession	
Company Name	Title	Retired? Yes No
Business Address Street		
Business Phone	-	•
Email		
	— AFFILIATIONS/SPONSOR	RS ————
Applicant's membership in profe	essional, civic, fraternal, and/or	non-profit organizations
Co-Applicant's membership in p	professional, civic, fraternal, and	or non-profit organizations
Harry Can the Ca Angeliand		
	ever been a member of Hamili	ton Club of Lancaster? Yes No
If "Yes", when?		
_	b of Lancaster Member(s) who	will be sponsoring your request for
membership	A	Affiliation: Decreanal Presinges
First I	_astA	<del></del> -
First L	_ast	
First I	_ast A	Affiliation: Personal Business
First L		Affiliation: Personal Business
Are you requesting membership	at Hamilton Club of Lancaster	as a "Legacy Member"?
If "Yes", identify the sponsoring	Member First	Last
Member's Account Number		onsoring Member

# MEMBERSHIP APPLICATION (CONTINUED)

OPTIONAL AFFINITY CLUBS (with Fees)		
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Cigar Club: \$10/month	Health Club: \$35/month	
Mug Club: \$20.75 (quarterly)	Health Club Locker- Men's Large: \$45/year	
Squash League: \$75/year	Health Club Locker- Men's Small: \$25/year	
Wine Society & Locker: \$35/month (based on ava	ilability)	
Each Affinity Club is billed per individual Member. E Membership Unit.	exception for Wine Society & Locker, which is billed per	
Fees that are billed yearly will be charged annually or	your January statement.	
CLUB COM	MUNICATIONS —	
Applicant's professed amail: December 1		
Applicant's preferred email: Personal Busine		
Co-Applicant's preferred email: Personal Bu	ısiness 	
Applicant's preferred phone number:   Home	☐ Mobile ☐ Business ☐ Business Mobile	
Co-Applicant's preferred phone number: Home	Business ☐ Business Mobile	
Monthly Statement mailing options (please check	cone): Mail Personal Email Business Email	
Other		
AUTHO	PRIZATION	
	Club of Lancaster, I hereby authorize the Club, through condition, our family & professional background, and ner credit reporting organizations.	
, ,	and understand that I have truthfully, and to the best of y misrepresentation thereof will be grounds for rejection be Club.	
If my Membership Application is granted, I agree t Regulations of Hamilton Club of Lancaster in the pres	o observe and be bound by the Bylaws and Rules and sent form or as may be amended in the future.	
·	sonally liable and responsible for all financial obligations mbers who will be utilizing Hamilton Club of Lancaster.	
APPLICANT'S SIGNATURE	DATE	
CO-APPLICANT'S SIGNATURE(if applicable)	DATE	

#### MEMBERSHIP CLASSIFICATIONS

Effective June 1, 2024

#### **Resident Member**

Individuals or couples (with the oldest Member over the age of 45) who reside in Lancaster County or within 30 miles of the Clubhouse, or whose principal office or place of business is in Lancaster County.

### **Intermediate Member**

Individuals or couples (with the oldest Member being age 21 to 44) who reside in Lancaster County or within 30 miles of the Clubhouse, or whose principal office or place of business is in Lancaster County.

### **Non-Resident Member**

Individuals or couples (with the oldest Member being 21 years of age or older) who reside outside Lancaster County and more than 30 miles of the Clubhouse, or whose principal office or place of business is outside Lancaster County. Non-Resident Members 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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			Male Female Prefer not to say
First (or Nickname)	Last	Date of Birth (MM/DD/YYYY)	
			☐ Male ☐ Female ☐ Prefer not to say
First (or Nickname)	Last	Date of Birth (MM/DD/YYYY)	
			Male Female Prefer not to say
First (or Nickname)	Last	Date of Birth (MM/DD/YYYY)	
			Male Female Prefer not to say
First (or Nickname)	Last	Date of Birth (MM/DD/YYYY)	

