



HAMILTON CLUB *of* LANCASTER

Live well.

FELLOWSHIP PROGRAM APPLICATION

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

Cell Phone Number _____ Date of Birth _____

E-Mail Address _____

BUSINESS INFORMATION

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

Retired? Yes ☐ No ☐ Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ Years in Current Employment _____

E-Mail Address _____

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

Retired? Yes ☐ No ☐ Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ Years in Current Employment _____

E-Mail Address _____



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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:

AFFILIATED MEMBERS

Affiliated Members associated with this application: _____

CLUB COMMUNICATIONS

Applicant's preferred e-mail address: ☐ Personal ☐ Business

Co-applicant's preferred e-mail address: ☐ Personal ☐ Business

Statement mailing options - please check one:

☐ Please send my monthly statement via U.S. Mail

☐ Please send my monthly statement electronically to the following e-mail address:

Please see reverse side for final authorization.

AUTHORIZATION

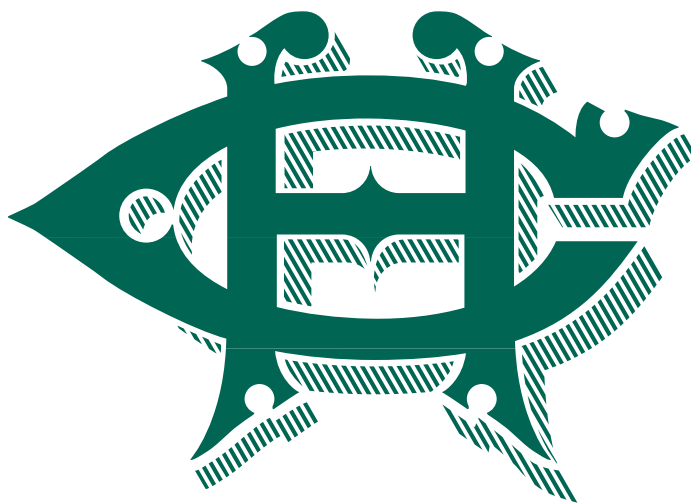
By signing this Membership Application for The Hamilton Club of Lancaster, I hereby authorize The Hamilton Club of Lancaster, through its representatives, to make inquiry of my financial condition, our family and professional background and specifically authorize them to make inquiry of consumer credit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



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