

LAFAYETTE CLUB

Founded 1897



de MOTIER, MARQUIS de LAFAYETTE

APPLICATION FOR MEMBERSHIP

Date: \_\_\_\_\_

I, *(Full Name)* \_\_\_\_\_

Home Address: \_\_\_\_\_

Firm: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

hereby make application for admission into the Lafayette Club of York, PA,

as a *(Resident, Corporate, Junior or Non-Resident)* \_\_\_\_\_ member

Resident and Junior members shall be those members who either maintain their residence within York County for a period of six months or more out of each year or have a place of business or employment within York County. Junior and non-resident members shall not have the right to vote or hold office nor acquire ownership in the property of the Club. They shall have every other right of resident members.

To the Board of Governors of the Lafayette Club:

We, having a personal acquaintance with the above applicant, do hereby propose this application for membership in our Club, in accordance with this application.

Proposed by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Continued on reverse...*

# CONTINUATION OF APPLICATION FOR MEMBERSHIP

Please furnish the following information

Full Name: \_\_\_\_\_

Preferred Named for use on Membership Card: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Former place of residence (last 10 years): \_\_\_\_\_

Company/Firm Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Principle Products/Services: \_\_\_\_\_

Please indicate preferred mailing address for billing purposes:  Business  Residence

Children: \_\_\_\_\_ Born: \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_ Born: \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_ Born: \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_ Born: \_\_\_\_\_ 19 \_\_\_\_\_

Higher Education: \_\_\_\_\_

Member of the following clubs: \_\_\_\_\_

Civic Groups and Boards: \_\_\_\_\_

Interests and Hobbies: \_\_\_\_\_

By signing and returning this application the applicant consents to the Lafayette Club obtaining a credit/personal report concerning Applicant from the Credit Bureau of York, Inc. to release information from its files or available to it from any subscriber service to the Lafayette Club.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

Received \_\_\_\_\_ Membership Comm: \_\_\_\_\_ Posted: \_\_\_\_\_ Bd. of Gov's: \_\_\_\_\_