



# Germania Club of Hamilton

863 King Street East, Hamilton, Ontario, L8M 1B5 Tel: (905)549-0513

## MEMBERSHIP APPLICATION

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Type of Membership: Single ; Family

For Family: Name of Spouse: \_\_\_\_\_

Date of Birth of Spouse: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(If more than two children please list on reverse side of this form.)

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

Signature(s) of Applicant(s): \_\_\_\_\_

Annual Membership Dues \$ \_\_\_\_\_ payable with application. Please add \$5 for first time processing costs and attach full payment to this form.

Which Subgroup or special interest Group would you like to join? Please note some subgroups have their own additional application forms and fees.

- |  |   |
|--|---|
| Fisher and Hunters..... <input type="checkbox"/> | Mardi Gras Society Narrhalla 58..... <input type="checkbox"/> |
| Ladies Auxiliary..... <input type="checkbox"/>   | Choirs..... <input type="checkbox"/>                          |
| Seniors Group..... <input type="checkbox"/>      | Chessplayers..... <input type="checkbox"/>                    |
| Campers..... <input type="checkbox"/>            | G.T.E.V. Alpenland..... <input type="checkbox"/>              |
| Skat Players..... <input type="checkbox"/>       | ..... <input type="checkbox"/>                                |

**Office use only**

Membership Card Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Date of Application: \_\_\_\_\_

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

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