

# The Lady Hamilton Club

## MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

BIRTHDAY: MONTH: \_\_\_\_\_ DAY: \_\_\_\_\_

Do you have access to a computer? \_\_\_\_\_

Do you have computer training? \_\_\_\_\_

What programs are you familiar with? \_\_\_\_\_

\_\_\_\_\_

Do you have available transportation? \_\_\_\_\_ (Paid parking may not be provided).

Languages spoken and understood, other than English? \_\_\_\_\_

\_\_\_\_\_

How long have you lived in Hamilton? \_\_\_\_\_

Special skills? \_\_\_\_\_

I am available to volunteer. (check as many as apply)

MORNINGS: \_\_\_\_\_ AFTERNOONS: \_\_\_\_\_ EVENINGS: \_\_\_\_\_ SATURDAY: \_\_\_\_\_ SUNDAYS: \_\_\_\_\_

How did you become interested in The Lady Hamilton Club? FRIEND: \_\_\_\_\_ OTHER: \_\_\_\_\_

Members are obligated to attend 3 business meetings and volunteer for 6 assignments that would include the Visitor Centre, Conventions, or other events held to promote the city of Hamilton.

**Please return completed application to: Lady Hamilton Club, c/o Tourism Hamilton  
28 James Street North, Hamilton, ON L8R 2K1  
Telephone: 905-546-2424 ext. 5771 Fax: 905-546-2667**

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

### **INTERNAL USE ONLY:**

Membership Accepted: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of LHC Member approving membership)

Print name of LHC member approving membership: \_\_\_\_\_

Emergency Contact section MUST be completed upon acceptance to Lady Hamilton Club. Information will strictly be used for internal purposes only!

### **Volunteer Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email: \_\_\_\_\_