



Applicant ID _____

Co-Applicant ID _____

Lancaster Liederkrantz

722 South Chiques Road, Manheim, PA 17545

Ph: 717-898-8451 (after 4pm weekdays) ~ info@lancasterliederkrantz.com

Application for Membership

Article 1 Section 1: In the year 1880 on the 4th day of July, in the city of Lancaster, a group of men of German origin met and organized a singing society to be henceforth known as the Liederkrantz. The object of this organization was to meet fraternally, to sing and preserve native songs and music, as well as perpetuate social customs of the fatherland.

We welcome applications from men and women of good will who share our purpose as stated above.

Please Print

Applicant _____ Birth Date _____
Last First M. MM/DD/YYYY

Co-Applicant _____ Birth Date _____
(Applying as husband & wife) Last First M. MM/DD/YYYY

Address _____

City/State/Zip _____

Phone (Home) _____

Cell _____ Co-App Cell _____

Email _____ Co-App Email _____

Note: Emails provided on this application are for any necessary membership communication only. The Club does not sign-up members for emailed announcements or newsletters. Sign-up must be done by you on our website, lancasterliederkrantz.com.

Applicant: Are you a U.S. Citizen? Yes No If no, what country _____

Are you active in the U.S. Military? Yes No If yes, Branch: _____ Enlistment Dates: _____

Have you been convicted of a felony? No Yes – Explain _____

Co-Applicant: Are you a U.S. Citizen? Yes No If no, what country _____

Are you active in the U.S. Military? Yes No If yes, Branch: _____ Enlistment Dates: _____

Have you been convicted of a felony? No Yes – Explain _____

Have/Do you belong to other German or Cultural club(s)? _____

Why do you want to join the Liederkrantz? _____

(Complete info on reverse)

COMMITTEE USE:

Date Rec'd _____ Check # _____ Total \$ _____ Mailed Newsletter Y N

Date Read _____ Date Contacted _____ Date Approved _____

I/we are interested in receiving more information on the following Liederkrantz organizations:

- Lancaster Liederkrantz Chorus (mixed) Alpenrose Schuhplattler Verein (adult dancers)
- Hobby Chor (male singers) Alpenrose Schuhplattler Kindergruppe (children's dance group)
- Alleweil Jung Folk Dancers (adults)

Newsletter: Our bi-monthly newsletter is available on our website and in weekly emails. Sign-up for email is at lancasterliederkrantz.com. If you request a hard copy of the bi-monthly newsletter be mailed to you, check here:

Volunteer Interest Information:

During the long history of this fine organization, hundreds of volunteers have donated countless hours of their time. Along with your interest in becoming a member of the Lancaster Liederkrantz, we hope you will be willing to volunteer a few hours of your time at one of our fests or in other areas of the club.

In addition, we occasionally enlist the help of members with specific vocational or occupational experience (i.e.) electrician, plumber, carpentry/construction, food service, etc. ***Upon receipt of your application, you will receive a volunteer interest and occupational experience form. Please bring this completed form to your orientation.***

Upon receipt of your application:

You will be notified by mail of receipt of your application along with information regarding our orientation procedure which is required prior to membership approval.

Appropriate fees & sponsorship must accompany application:

- \$95 - Individual applicant (\$50 initiation fee & \$45 annual dues)
- \$140 - Applicant & Co-Applicant applying as husband & wife (\$50 initiation fee & \$90 annual dues)

Note: Annual membership expires on December 31.

\$_____ Total Enclosed – **Make check payable to Lancaster Liederkrantz**
Dues and application fees are non-refundable

Sponsor(s) (please print)

1 _____ ID# _____ Ph# _____

2 _____ ID# _____ Ph# _____

Comments of Sponsor(s) _____

I/We hereby make application for membership in the Lancaster Liederkrantz and agree to abide by its constitution, by-laws, and rules & regulations if accepted for membership. I/we certify that I/we am/are age twenty-one (21) or older.

Signature of Applicant _____ Date _____ Signature of Co-Applicant _____ Date _____

**Return form & appropriate fees to: Membership Committee
Lancaster Liederkrantz
722 S. Chiques Rd.
Manheim, PA 17545**