

Lincoln and Continental Owners Club

MEMBERSHIP APPLICATION / RENEWAL

Referring Member Name _____ State _____

Name _____ D.O.B. ____/____/____ Spouse _____

Address _____ Home Phone (____) _____ CELL (____) _____

City _____ State _____ ZIP _____ Email _____

Bill to: Name _____ Address _____

City _____ State _____ ZIP _____

NATIONAL MEMBERSHIP DUES

US FUNDS ONLY (No Refunds) Periodical Rate First Class Postage

		1 Year	5 Year	1 Year	5 Year
US, Individual Membership: (1 vote. Spouse is an Associate Member) Eligible to participate in club activities, but not eligible to vote, hold office, or enter a Lincoln in a National Meet.	<input type="checkbox"/>	\$48	<input type="checkbox"/> \$210	<input type="checkbox"/> \$60	<input type="checkbox"/> \$270
Canada, and Mexico (Member - 1 vote, Spouse is an Associate Member)	<input type="checkbox"/>	NA	<input type="checkbox"/> NA	<input type="checkbox"/> \$66	<input type="checkbox"/> \$300
US - Joint Membership: (2 votes, one publication)	<input type="checkbox"/>	\$57	<input type="checkbox"/> \$255	<input type="checkbox"/> \$69	<input type="checkbox"/> \$315
Canada, and Mexico - Joint Membership (2 votes, one publication)	<input type="checkbox"/>	NA	<input type="checkbox"/> NA	<input type="checkbox"/> \$75	<input type="checkbox"/> \$345
All Other Countries: (Member - 1 vote, Spouse is an Associate Member)	<input type="checkbox"/>	\$80	<input type="checkbox"/> \$360		
All Other Countries - Joint (Member & Spouse - 2 votes, one publication)	<input type="checkbox"/>	\$87	<input type="checkbox"/> \$405		

Primary Membership: (Age 24 or younger)
Annual Dues: \$21 US \$39 Canada/Mexico \$51 All Other Countries

Lifetime Membership: (Membership is based on the life of the primary member)

US (Member - 1 vote, Spouse is an Associate Member)	<input type="checkbox"/> \$1,000 Periodical Rate	<input type="checkbox"/> \$1,350 First Class
	OR	OR
	<input type="checkbox"/> 4 Payments of \$250 ea.	<input type="checkbox"/> 4 Payments of \$337.50 ea.
US: (Member & Spouse - 2 votes, one publication)	<input type="checkbox"/> \$1,250 Periodical Rate	<input type="checkbox"/> \$1,600 First Class
	OR	OR
	<input type="checkbox"/> 4 Payments of \$312.50 ea.	<input type="checkbox"/> 4 Payments of \$400 ea.

Membership dues selected from the above _____

ADD: Donation to the Lincoln Motor Car Foundation (Tax Deductible) _____

Total payment _____

Remit to: (make checks payable to LCOC)
LCOC
P.O. Box 1715, Maple Grove, MN 55311-6715
Ph. 763.420.7829
Fax 763.420.7849 E-mail:
LCOC@cornerstonereg.com Website: www.lcoc.org

Payment Enclosed - check one:
 Check VISA MasterCard
Card# _____
Expiration Date _____
Signature _____

Year	Model	V.I.N. (Serial No.)