

Lincoln and Continental Owners Club

MEMBERSHIP APPLICATION/RENEWAL

Referring Member Name _____ State _____

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

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

1 Year 3 Year

| | | |
|--|------|-------|
| US, Individual Membership: (1 vote. Spouse/Other is an Associate Member) | \$54 | \$153 |
| Eligible to participate in club activities, but not eligible to vote, hold office, or enter a Lincoln in a National Meet. | | |
| Canada and Mexico (Member-1 vote, Spouse/Other is an Associate Member) | \$78 | \$225 |
| All Other Countries: (Member-1 vote, Spouse/Other is an Associate Member) | \$87 | \$252 |

| | | | | |
|-------------|--|------------|--|----|
| Check | Visa Card | Mastercard | Membership dues selected from above: | \$ |
| | | | Donation to the Lincoln Motor Car Foundation | \$ |
| Card Number | (Donations are tax deductible) Total Payment: | | | \$ |
| Expiration | _____ | CVV _____ | | |
| Signature | _____ | | | |

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

By checking here ___ and

Remit to: (make checks payable to LCOC)

INITIALING HERE _____, I agree to have my membership dues automatically deducted from the credit card listed above annually (a recurring charge). I may cancel this at any time by contacting the LCOC membership office listed on this form.

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



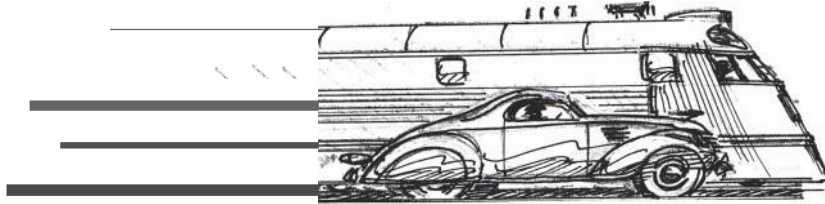
Membership in the Lincoln Motor Car Foundation

Name _____ Address _____

City/State/Zip _____

Telephone _____ Email _____

| | | | |
|-------------------------|------------------|--|------------------|
| Annual \$25 | Check Here _____ | Annual Sustaining \$100 | Check Here _____ |
| Annual Corporate \$1000 | Check Here _____ | Memorial (\$500 minimum, please provide name) | Check Here _____ |
| Lifetime \$1000 | Check Here _____ | Lifetime (in four \$250 installments) | Check Here _____ |



Contributions to the Lincoln Motor Car Foundation are fully tax deductible.
Please make checks payable to the Lincoln Motor Car Foundation.
Mail to: Lincoln Motor Car Foundation, P.O. Box 1715, Maple Grove, MN 55311 6715.