

On behalf of all officers and directors of Lincoln Days, we would like to invite you to support this organization by becoming a member.

Please take a moment to complete this form and return to us.

Member Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Membership Type

(Please select one.)

Annual Membership

_____ Individual – \$5.00 per year

_____ Business – \$10.00 per year

Lifetime Membership

_____ Individual – \$100.00

_____ Business – \$200.00

(Please make checks payable to Lincoln Days Celebration.)