

MEMBERSHIP APPLICATION

CA Election law requires we have certain information on file for our members. Membership information is confidential. Payment must accompany a completed application form in order for the Board of Directors to review and approve membership.

Name: _____ Preferred First Name: _____ Spouse Name: _____

Title First Last

HOME: _____

Street City State Zip

BUSINESS: _____

Company Name Title/Occupation

★ Street ★ City State Zip

Email: _____ Spouse Email: _____ Phone: _____ Fax: _____

Birth Year (If Under 40 Years Old) _____ Name of Sponsor: _____ MAILING PREFERENCE: HOME BUSINESS

Please indicate any elected positions or political appointments you have or have had: _____

Please Select Your Membership Level Below:

Individual (Over 40)

Annual Payment \$250

Individual Associate (Under 40)

Annual Payment \$125

Couple (Over 40)

Annual Payment \$375

Couple Associate (Under 40)

Annual Payment \$187.50

PERSONAL, BUSINESS OR CORPORATE CHECK PAYABLE TO LINCOLN CLUB OF COACHELLA VALLEY

CREDIT CARD INFORMATION

Is this card: Personal Business/Corporate Visa Mastercard American Express

Name on Card: _____

Card # _____ Expires: _____

Billing Address (If different than above): _____

If using Corporate Credit Card, Name of Corporation: _____

Signature: _____



Mail to: P.O. Box 6434, La Quinta, CA 92248 • Phone: (760) 321-0550