

Lincoln County Genealogical Society

Annual Membership Membership Application	
Full Name:	
Email Address:	
Phone number: (optional)	
Street Address: (optional)	
City/ State /Zip:	
Locations of Interest:	
Surnames of interest:	
Experience:	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert <input type="checkbox"/> Professional
Trainings you would be interested in attending:	
Referred by:	<input type="checkbox"/> friend/relative <input type="checkbox"/> Media (newspaper/radio/poster) <input type="checkbox"/> Website
Annual Membership:	<input type="checkbox"/> individual \$10 <input type="checkbox"/> family \$15
Lifetime Membership:	<input type="checkbox"/> individual \$100
Payment Enclosed:	<input type="checkbox"/> Yes <input type="checkbox"/> No, because _____
Comments:	