

**ABRAHAM LINCOLN CIVIL WAR ROUND TABLE**

**MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_  
(Please Print Your Full Name)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Home) (\_\_\_\_\_) \_\_\_\_\_

Telephone: (Business) (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Place a check mark next to your Membership Category...**

Single Membership \_\_\_\_\_ \$20.00

Couple Membership \_\_\_\_\_ \$35.00

**I wish to make an additional donation to the ALCWRT:**

\$ \_\_\_\_\_

**Total Amount Enclosed:** \$ \_\_\_\_\_

Please return this form with your payment (checks payable to ALCWRT) to:

ALCWRT  
c/o Worley Smith  
10035 Orchard Ridge Court  
Holly, MI 48442

This form came off the Internet.

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