

**ASSOCIATION OF LINCOLN PRESENTERS**

Mr. Jim Sayre, Membership Chairman  
Association of Lincoln Presenters  
1495 Alton Station Road; Lawrenceburg, KY 40342

[www.lincoln-presenters.org](http://www.lincoln-presenters.org)

**MEMBERSHIP APPLICATION**

**(Please Print or Type)**

**NAME** \_\_\_\_\_

First Middle Last

**ADDRESS** \_\_\_\_\_

Street

\_\_\_\_\_

City State Zip

**E-MAIL ADDRESS** \_\_\_\_\_ **PHONE** (\_\_\_\_) \_\_\_\_\_

**DATE OF BIRTH** (Abrahams only; for award purposes) \_\_\_\_\_

**I apply for membership in the Association of Lincoln Presenters. I request status as (check one):**

**Abraham Lincoln Presenter** \_\_\_\_\_ **Mary Todd Lincoln Presenter** \_\_\_\_\_ **Patron** \_\_\_\_\_

**Other American Historic Person Presenter (Name of the figure)** \_\_\_\_\_

**I have been a presenter of this figure for** \_\_\_\_\_ **years.**

*(Please attach supporting press clippings/news releases/documents, if available.)*

**Why do you apply for membership?** \_\_\_\_\_

\_\_\_\_\_

*(Please use reverse side/additional page if more space is needed)*

**How will your membership promote the Mission of ALP?** \_\_\_\_\_

\_\_\_\_\_

*(Please use reverse side/additional page if more space is needed)*

**Describe your programming/intended programming?** \_\_\_\_\_

\_\_\_\_\_

*(Please use reverse side/additional page if more space is needed)*

**Personal Reference: Professional Reference:**

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

***For ALP Use Only: Recommended for Membership: Yes No***

\_\_\_\_\_ Membership Chair X X

\_\_\_\_\_ Board Member X X

\_\_\_\_\_ Board Member X X