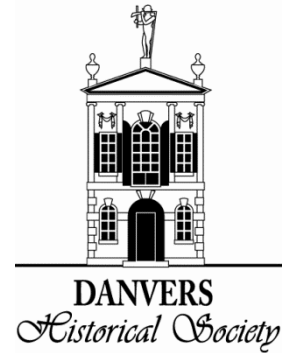


Membership Application

Your membership is important to us. Your dues support the Society's work and demonstrates to potential grant makers and major donors the strength of community and public support of the Society.



Date: _____

Please fill out your name(s), address, phone number and email, and check the appropriate classification:

Name: _____

Spouse: _____

Telephone: _____

Address: _____

Email: _____

If family membership, please list names of family members: _____

Please check here to receive information on Volunteer Opportunities.

Please check your desired membership: \$ _____ Monthly pledge through my credit card below
 \$5 Student \$25 Individual \$20 Senior(65+) \$45 Family \$75 Supporter
 \$125 Contributor \$250 Sustainer \$500 Patron \$1000 Benefactor

Please make checks payable to: Danvers Historical Society, PO Box 381, Danvers, MA 01923 or drop in to say hello at 11 Page Street. We now accept MC and Visa via telephone.

Please provide the requested information and sign the form.

__ Visa __ Mastercard

Card# _____ Exp.Date _____

Amount Authorized _____ Cardholder's Signature _____