



## Membership Application

Please provide the following information and either email this form to [DHS@danvershistory.org](mailto:DHS@danvershistory.org) or mail the form to:

Danvers Historical Society  
PO Box 381,  
Danvers, MA 01923

**Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Home Phone #:**

**Work Phone #:**

**E-Mail:**

**Please Contact me by** (place X next to all that apply):

Phone:

Email:

Mail:

**Would like to volunteer?**    Yes            No

**Membership Categories** (place X next to desired level):

_____	Individual	\$25.00
_____	Senior (65+)	\$20.00
_____	Student	\$ 5.00
_____	Family	\$45.00
_____	Supporting	\$74.00
_____	Patron	\$125.00
_____	Business	\$250.00

**Comments:**