



Membership Application

Please provide the following information and either email this form to 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	\$75.00
_____	Patron	\$125.00
_____	Business	\$250.00

Comments: