

Membership Application

Name: _____

Address: _____

City: _____ State: _____

Home Phone: _____

Business Phone: _____

Email: _____

Annual Dues

_____ Regular (individual) \$10.00

_____ Lifetime Membership \$100.00

_____ New Member

Please make your check payable to:

Malden Historical Society
c/o Malden Public Library

36 Salem Street

Malden, MA 02148

781-338-9365

www.maldenhistoricalsociety.org