



Application for Membership

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Additional Household Applicant:

Name: _____

Cell: _____ Email: _____

Annual Dues

Individual Membership Dues: \$300

Household Membership Dues: \$450

Amount Enclosed: _____

Signature: _____ **Date:** _____

Please make check payable to:

Greater Newburyport Village

P.O. Box 58 Newburyport, MA 01950

Thank you, and we will contact you soon!