



Prince Henry Society of Mass., Inc.
New Bedford Chapter
Post Office Box 6726
New Bedford, MA 02742

MEMBERSHIP APPLICATION

Name: _____
Address (Home): _____
City: _____ State: _____ Zip Code: _____
Phone: (H) _____ (W) _____ (C) _____ Email: _____
DOB: _____ Place of Birth: _____
Business Name: _____ Address: _____
Business Phone: _____ Email: _____
Occupation: _____ Years in business or profession _____
Education: (HS) _____ Undergraduate _____ Graduate _____
Organizations you belong to: _____
Military Service: _____ Honors received: _____
Father: _____ Place of birth: _____
Mother: _____ Place of birth: _____
Special interests/hobbies: _____
Recommended by: (1) _____ (2) _____
Member since : (1) _____ (2) _____

I hereby apply for membership in the Prince Henry Society and agree to an initiation fee of \$75 and membership dues of \$425 per year.

The screening/membership committee has interviewed this applicant and hereby recommends:

Approval _____ Denial _____

Chairman Approval: _____ Date: _____

Secretary Approval: _____ Date: _____

Date of admission: _____

Applicant Acceptance: _____ Date: _____

A non-profit organization (Sec. 501 C-3)