



Deane Winthrop House

WINTHROP IMPROVEMENT & HISTORICAL ASSOCIATION

MEMBERSHIP APPLICATION

Complete all information, one page per applicant, and return with your payment to:

WIHA PO BOX 520177, WINTHROP, MA, 02152-0003

NAME: \_\_\_\_\_ Profession \_\_\_\_\_

If retired, what was your profession?

MAILING ADDRESS: \_\_\_\_\_ Apt. / Unit: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_ Apt. / Unit: \_\_\_\_\_

(If different from mailing address)

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ OTHER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

PLEASE NOTE: ALL THE ABOVE INFORMATION IS REQUESTED FOR OUR RECORDS & WILL BE KEPT CONFIDENTIAL.

Send the completed application with a check for \$40.00, made out to W.I.H.A.

WE LOOK FORWARD TO SEEING YOU AT WIHA'S MONTHLY DINNER MEETINGS AND VARIOUS ACTIVITIES SCHEDULED THROUGHOUT THE CALENDAR YEAR.

Dinner Meetings are held on the first Tuesdays of Feb., March, April, May, June, Oct., Nov., and Dec. Members receive a monthly mailing describing the guest speaker and the meal for the upcoming meeting.

Thank You and Welcome!

PLEASE DO NOT WRITE BELOW THIS LINE - FOR WIHA USE ONLY.

RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_

RECORDED \_\_\_\_/\_\_\_\_/\_\_\_\_

CK #: \_\_\_\_\_ \$ \_\_\_\_\_

LIST: \_\_\_\_\_ LABEL: \_\_\_\_\_